CHEMIST & DRUGGIST

The newsweekly for pharmacy

June 11, 1994



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Source: FSA data-Total Market Volume Sales

Pharmax Healthcare

PSNC looks into delay on syringe pay

Norwich centre for practice research opens

Society unveils guidelines to help smokers

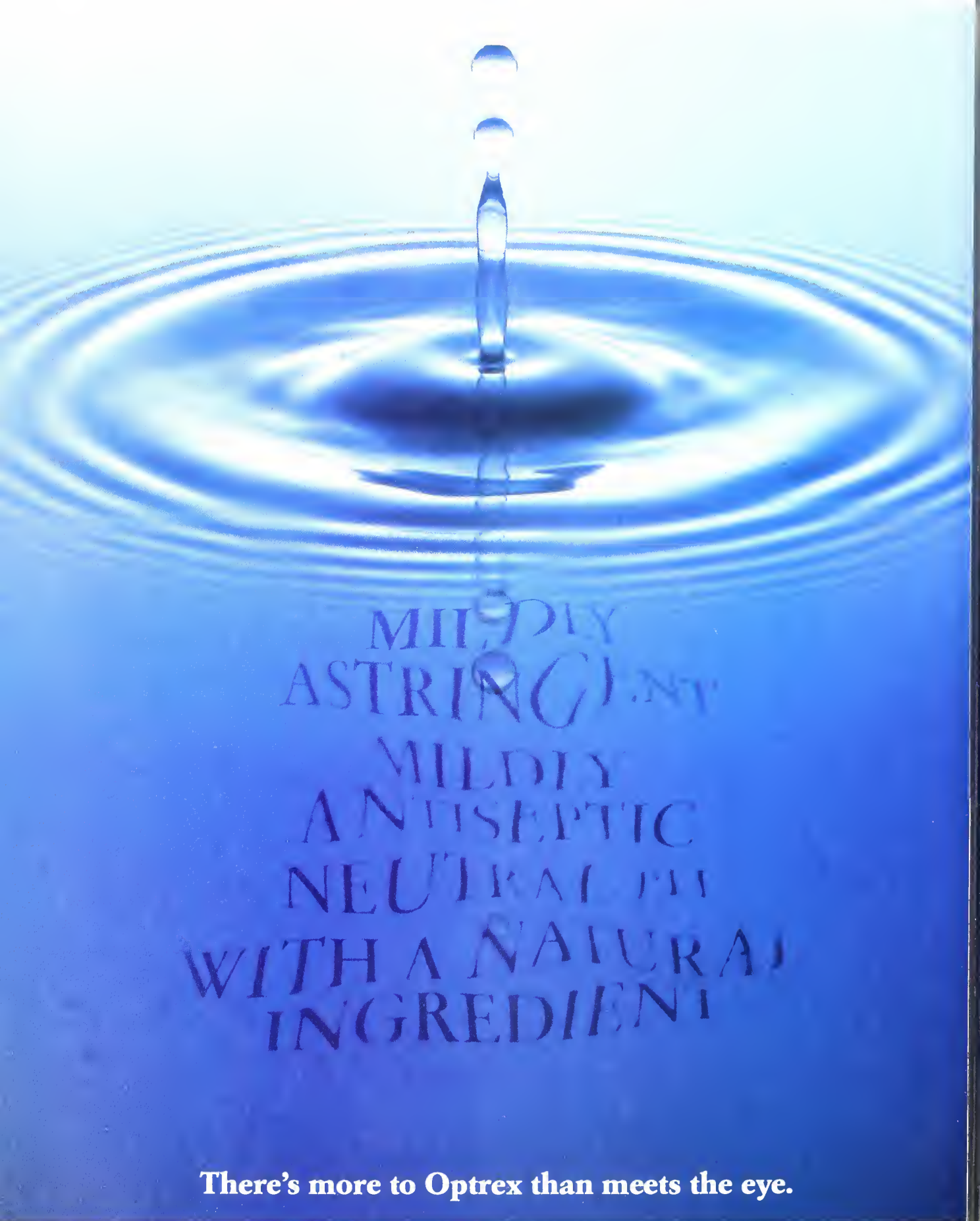
Update: lowering blood lipids and endometriosis

Locums: a guide to the NI maze

Whitehall's 'P' train gains pace

Warner Wellcome hit the road to 9,000 outlets

Boots still show healthy growth



There's more to Optrex than meets the eye.

PRODUCT INFORMATION. **Optrex Lotion and Drops:** Solution containing distilled witch hazel B.P.C. 13.0% v/v. Preserved with benzalkonium chloride 0.005% w/v in a solution buffered with borax and boric acid. **Uses:** For the relief of minor eye irritations caused by dusty or smoky atmospheres, driving or close work. **Dosage and Administration:** *Lotion:* Bend head slightly forward, apply the eye bath, ⅓ full, and rock the head from side to side for at least ½ minute keeping the eye lid open. Use as often as required. *Drops:* Gently squeeze 1 or 2 drops into each eye. **Contraindications:** Hypersensitivity to any of the ingredients. Not suitable for use whilst wearing hydrophillic (soft) contact lenses. **Side Effects:** May occasionally cause hypersensitivity reactions. **Packaging Quantities:** *Lotion:* Bottles containing 110ml and 300ml. *Drops:* 10ml and 18ml. **RSP:** Lotion 110ml with eye bath £2.75. Lotion 110ml £2.35. Lotion 300ml with eye bath £3.99. Drops 10ml £2.25. Drops 18ml £2.85. **Legal Category:** *Lotion:* GSL. *Drops:* P. **Product Licence Number:** *Lotion:* 0062/5000. *Drops:* 0062/5003. **Product Licence Holder:** Crookes Healthcare Ltd. Nottingham NG2 3AA. **Date of Preparation:** April 1993.

The vision of the future

CHEMIST & DRUGGIST
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Comment

The rise and rise of Lloyds Chemists has for some time been almost exponential. The group clocked up 20 years in business in early 1993. Since then it appears to have concentrated on its wholesaling operation with growth from the pharmacy arm slowing down.

The Holland & Barrett health food chain has shown solid sales growth of 19 and 18 per cent over the last two years following a dismal 1992 when it was 12 per cent down. H&B bought three stores in 1991, 30 in 1992, 39 in 1993. (All the 1994 figures come from Lloyds' pre-results figures, *C&D* May 28, p912.)

For drugstores, sales have been healthy — up 18 per cent in 1991 from 185 stores (31 acquired); up 23 per cent in '92 with a further 48 bought; a 20 per cent increase for 1993 to £75.3m came from a store total of 298, and in 1994 the division had a 14 per cent sales increase.

Pharmacies show a different pattern with few Lloyds' purchases — just 15 in 1993, and few logged to date in 1994 — compared with 204 bought in 1991 and 222 in 1992. Percentage sales figures for the four years showed, respectively, increases of: 60, 66, 34 and 5.

While it is true that there are few 30-plus pharmacy groups left as bid targets, both Unichem and AAH are steadily increasing their pharmacy portfolios — Unichem up 66 to 294 to the end of May, compared with a year ago; and AAH up 59 to 296. Allen Lloyd seems to have lost his huge appetite for pharmacies.

In wholesaling, all systems are go for Lloyds' Barclay Enterprise with the number of retail customers served jumping by 500 from '92-'93 matched by a 90 per cent increase in sales to £108m. By mid-May, Barclay had put on a further 80 per cent. Neither Unichem nor AAH claim to be suffering, but the growth must be coming from somewhere, perhaps Numark or the regionals? For Lloyds, wholesale growth must largely be organic because the number of regionals is diminishing. Whither then Lloyds?

It may be that they are preparing to move into another retail sector, although in a more considered way than when they bought into card shops to the chagrin of the City. Lloyds purchased a small Northern Ireland wholesaler last year to give them a foothold in the Province; a move to the South is possible as APD are known to be up for sale. And what of the various whispers that Lloyds itself is up for grabs? Rumours usually fuel share prices, but Lloyds' remain steady.

Allen Lloyd once told *C&D* that he was consolidating and then took off like a rocket on the purchase race. Whatever the group is up to, their relative lack of dynamism in pharmacy retailing could prove deceptive.

Manchester pharmacists' delayed syringe payments

The Pharmaceutical Services Negotiating Committee is to look at delayed payments made to Manchester pharmacists for their involvement in needle exchange schemes.

Manchester pharmacist and National Pharmaceutical Association Board member Marshall Gellman says the three district health authorities were given money from the North West Regional Health Authority to fund 1993-94's needle exchange schemes, in June 1993. However, payment to pharmacists was delayed until the end of March this year.

Pharmacists were told that 1993-94 payments "were due as soon as funds became available", says Mr Gellman.

Where the money was lodged in the interim period appears to be a mystery to all concerned in the affair.

Mr Gellman believes that it became ensnared in bureaucracy "determining the numbers [of exchanges] used, although there was confusion as to where the money was", he comments.

He confesses that he was tempted to ask pharmacists involved in the scheme to threaten to withdraw, but elected not to, in deference to patients who would be put at risk. However, if a similar situation arises this year, he does not rule out the possibility of this occurring.

Steve Axon, PSNC secretary, confirms that the organisation is looking into the Manchester issue at the moment. He points out: "This is what happens when things are devolved to local level unnecessarily."

Mr Axon also understands that the matter was raised at an NPA Board meeting and, as a result, the NPA is looking at situations around the country.

"When we get the results of this, we will see what needs to be done," says Mr Axon.



Methadone supervision ripe for payment?

Sheffield Local Pharmaceutical Committee is to consider asking for pharmacists to be paid for supervising methadone instalments drunk in the pharmacy.

The local Family Health Services Authority is looking at implementing "pharmacist supervised administration" for methadone in a re-appraisal of its drug services.

Martin Bennett, Sheffield LPC secretary, says the FHSA's long-term plan is to set up five or six GP-run drug clinics.

"Supervision is a good idea and it cuts down the amount of methadone floating around. But it takes longer than the ordinary dispensing process," says Mr Bennett.

He points out that money will be found to fund the GP-drug clinics and says: "There is no reason why it can't come in our direction."

Proposals for payment include: a fee per supply, although this is difficult on an NHS prescription; a retainer fee; and a monthly payment per patient being supervised.

- Glasgow pharmacists will be meeting later this week, to discuss the implementation of a "contract" between pharmacists and drug addicts, under the auspices of the Glasgow Drug Problem Service.

US mail order drug sales surge

Sales of pharmaceuticals in the USA through "for-profit" mail order will more than double in the next three years, according to a new report.

The study, by market analysts Frost & Sullivan, states that the business will be worth around US$11.1 billion in 1997, compared with $4.8bn last year. This will give mail order a 14 per cent slice of the North American prescription drug sector as against 8 per cent today.

During this period, Frost & Sullivan say that the income per product earned by companies in "for-profit" mail order will decline because of general drug price deflation and the loss of patent protection on five of America's 15 top-selling drugs. Ageing of the population, however, will fire growth in drug scripts, particularly mail order.

The roots of mail order pharmacy in the USA go back to 1946 when the Veterans Administration (VA) launched a free delivery service. This was later followed by the creation of a similar scheme by the Retired Persons Services (RPS) in 1959. Between them these two organisations sent out 44.5 million prescriptions in 1992.

"For-profit" mail order was launched in 1963, but only really took off in the 1980s following a major promotional effort by the leading companies in the sector. In 1981, the market was worth just $100 million a year. By 1988, this had risen to over $1bn.

Last year, "for-profit" mail order pharmacy accounted for 53 million prescriptions, making it America's fourth biggest drug distribution channel after chain drug stores, independent pharmacies and hospitals.

The business is now highly concentrated, with the big three companies in the field taking around 72 per cent of sales. Other mail-order pharmacy operations have focused on specific niches within the market — for example, drugs for specific populations with chronic conditions or for healthcare management organisations.

"US Mail Service Pharmacy Markets: Distribution Channel Comes of Age in the Face of Economic Pressures" is for sale at $2,995. Tel: 071-730 3438.

New BPC programme announced

The revised programme of the British Pharmaceutical Conference covers topics ranging from NHS reform to drugs in sport.

The BPC runs from September 16-19 at the Institute of Education and the Royal National Hotel in London.

The first professional session will comprise a joint presentation, "The NHS changes — what is wanted from pharmacy?", by I. Carruthers, chief executive of Dorset Health Commission, and L. Lamont, Patients Association director.

The Science Medal Lecture, "Surface properties related to formulation and drug delivery" by Dr G. Buckton, London School of Pharmacy follows.

Among the subjects covered in the Group Discussion Sessions will be "Pharmacy and complementary therapies", "Automated dispensing" and "Clinical trials in community pharmacy".

The Conference Lecture, entitled "The changing face of health care", will be given by Professor M. Marinker, director of medical education at Merck Sharp and Dohme.

The science symposium on "Drugs in sport" will take place on the last day of the conference and will be presented by experts on the subject from the UK, USA and Germany.

The cost of the whole event is £112 per delegate, with "competitively priced" accommodation arranged by the organisers in hotels in the vicinity of the venue or at the Royal National Hotel itself.

For further information call Pauline Heslop on 071-735 9141.

Scots script totals

Scottish pharmacists and appliance suppliers handled a total of 4.285 million prescriptions in March 1994. This added up to a gross cost of £36.87 million. The average ingredient cost per prescription over the month to chemists was £7.10 and the net total cost, excluding stock orders, was £8.01.

Scots shortages

The Prescription Pricing Division in Scotland is accepting endorsements for labetalol tablets (100mg, 200mg and 400mg) and Kabiglobulin vials (2ml and 5ml) for prescriptions dispensed this month. The facility to endorse has been withdrawn for magnesium hydroxide mixture, sodium bicarbonate compound tablets and pyridoxine tablets.

AIDS information

AIDS information projects costing 1.3 million ECUs (£1m) are to be funded by the European Commission in 1994-95 as part of the effort to combat the fear and stigma surrounding the illness.

CRC Regulations

Child-resistant containers for aspirin and paracetamol must conform to the British Standard EN 28317 from June 15. Containers can still comply with the previous British Standard 6652 if the British Standards Institution has issued a certificate of conformity. The change is made under the Medicines (Child Safety) Amendment Regulations 1994 (SI No 1402; HMSO, £1.10)

Dispensing docs

There has been a 2 per cent increase in the number of dispensing doctors in England and Wales over the last ten years. Although they now account for 15 per cent of all GPs, they are treating fewer patients as average dispensing lists declined by 26 per cent. "Department of Health Statistical Bulletin: Statistics for General Medical Practitioners in England and Wales 1983-1993" is available from the DoH Health Publication Unit, Heywood Stores, No 2 Site, Manchester Road, Heywood, Lancashire OL10 2PZ, priced £2.00.

South Thames guide

South Thames Regional Health Authority has produced a pocket guide detailing useful addresses and health targets for the area.

MCA report

The Medicines Control Agency is to hold a public meeting on July 7 to present the annual report and accounts, with the opportunity to discuss the MCA's performance during 1993-94. The meeting begins at 10am at the Royal Society of Medicine. Contact Ms Loveland on 071-273 0552.

Lewis is new RPS president



Ann Lewis, chief pharmaceutical officer for the Countess of Chester NHS Trust and pharmaceutical advisor at Chester Health Authority, has been appointed as the president of the Royal Pharmaceutical Society for 1994-95.

Previously Miss Lewis held the position of vice president, now taken by Glasgow community pharmacist Ian Caldwell.

William Darling CBE of South Shields, Tyne and Wear, has been re-elected treasurer for the third year in succession.

The Society's Council has also published its list of fellows: Alfred David Allen (Chigwell, Essex), James Edwin Bunney (Lenzie, Glasgow), Nathan Finkelstein (Constantia, South Africa), Edward John Harold Mallinson (Bothwell, Glasgow) and William Priestley Mallinson (Hucclecote, Gloucester) are recognised for distinction in the profession of pharmacy.

Ronald Cole (Messingham, Scunthorpe) is acknowledged for distinction in the practice of pharmacy; Peter George Jenner (King's College, London) and Peter York (Ilkley, West Yorkshire) for distinction in the science of pharmacy; and Alain Li Tin Chin Li Wan Po (Queen's University of Belfast) for distinction in the practice and science of pharmacy.

• *C&D* understands that the Society's Council has approved the formation of the Community Pharmacy Membership Group. Elections for the CPMG are poised to press ahead.

Council has also agreed to waive the £10 membership fee. Monies will be returned to those who have already paid.

Merton FHSA counselling project goes ahead

Merton, Sutton and Wandsworth Family Health Services Authority is about to start a £20,000 project to evaluate the pharmacist's role in counselling.

Ten pharmacies will receive up to £2,000 to develop a patient counselling area. About 30 pharmacies have applied to take part in the pilot study which is expected to take a year.

The FHSA pharmaceutical adviser, Norman Evans, hopes to show that if pharmacists become totally involved in patient counselling they could save the NHS £600-700 million a year throughout the UK by cutting prescription wastage and frivolous visits to GPs.

"We will then be able to say to the NHS Executive that if pharmacists can be this cost-effective, counselling areas should be provided by the NHS."

The FHSA has also been awarded £12,000 a year for Mr Evans' post to be made full-time.

A further £10,000 a year will be spent on pharmacy contract development. The FHSA hopes to lay down minimum standards for premises and personnel, offering possible financial help.

The Independent debate

Pharmaceutical organisations' response to an article on rural dispensing in *The Independent* (*C&D* June 4, p929), has prompted further criticism of pharmacists.

Dr M. B. Gripper from Truro, Cornwall, believes that National Pharmaceutical Association director Tim Astill repeats "questionable statistics about the alleged iniquities of doctor dispensing".

An issue which should be concerned with what is best for patients has become obscured by inter-professional rivalry about who earns the money for dispensing, he writes.

Asking patients if they would prefer dispensing from the surgery or the pharmacy would produce an answer that all dispensing doctors could live with, "but perhaps this pill would be too bitter for Mr Astill and his colleagues to swallow", was Dr Gripper's conclusion.

Society guidelines on smoking cessation

A set of guidelines on smoking cessation for community pharmacists has been published by the Royal Pharmaceutical Society of Great Britain.

This coincides with the nationwide distribution of the two smoking cessation packages compiled by the Pharmacists Action on Smoking group, a joint initiative by the National Pharmaceutical Association and Pharmacia (*C&D* Feb 26, p326).

David Coleman, immediate past-president of the Society, says: "The guidelines have been produced drawing on good and successful practice within pharmacies and they aim to encourage high standards in pharmacy-based smoking cessation services."

The guidelines cover the initial consultation with the client, the management options and the monitoring and follow-up procedure. There is also an emphasis on "pan-professional" teamwork and liaisons with local health promotion units.

The maintenance of records is thought to formalise the relationship between pharmacist and client, and increase the incentive of clients to give up smoking. Also, it provides the pharmacist with an audit tool to measure success of the scheme.

The slogan for the PAS is "PAS for a positive nation". Jeremy Clitherow, chairman of the PAS, says the group aims to raise the profile of the pharmacist as a key advisor in smoking cessation and prevention.

He believes pharmacists can contribute significantly to the Government's Health of the Nation targets which should be highlighted to local health authorities with a view to the service being contracted out to pharmacists. The Society's guidelines could provide a basis for contract specification.

Collette McCreedy, vice chairman of PAS, says that there is "considerable interest from FHSAs and health promotion units" on the two PAS smoking cessation packages being distributed. "We hope to be working with one or two using the material to develop local pharmacy-based smoking cessation schemes. We also intend to set up a formal study to evaluate the material," she says.

Mrs McCreedy is inviting pharmacists adopting the schemes to take part in an evaluation study.

She intends to present the information to the Department of Health as evidence of the pharmacist's important role in smoking cessation.

The PAS has set up a task force on how to adapt the schemes to other countries.

Research centre opens in Norwich

The Academic Pharmacy Practice Research Centre at the University of East Anglia, Norwich, was officially opened last week by Dr Till Medinger, president of the Association of the British Pharmaceutical Industry.

The purpose-built unit will support pharmacists in East Anglia who wish to do practice research. It will also supervise preregistration projects and act as a teaching centre for pharmacists in the area who are taking the University of London clinical pharmacy/pharmacy practice diploma.

Researchers will have access to computer facilities and the library and other resources of the University of East Anglia's health and social studies departments. Pharmacists will be able to submit for higher degrees through East Anglia and London Universities.

Previously the Academic Pharmacy Practice Research Unit operated from a Portakabin at West Norwich Hospital, supervised by Arvind Deshmukh, who recently moved to the University of Sunderland to be professor of pharmacy practice.

Dr Shirley Ellis, Anglia pharmaceutical adviser based at Cambridge, will act as director of the new centre until a full-time head is appointed. Although the university has no pharmacy or medical school, there are several health-orientated courses.

"The centre will offer an opportunity for integrated research on health-related topics," she says. The suite of rooms, which was funded by the former regional health authority, forms part of the university's new occupational therapy building which was opened recently by the Queen.

Dr Ellis hopes pharmaceutical companies will continue to sponsor research at the unit. Previous sponsors have included Merck, Sharp and Dohme, Cilag-Biotech, Bayer UK and Instar, together with the Royal Pharmaceutical Society, the Department of Health and the Centre for Pharmacy Postgraduate Education.

One research project about to start will look at the causes of medicines wastage. All patients receiving a prescription on one day will be followed up two weeks later to see if and why they have stopped taking their medication.

The centre also publishes a bulletin on new drugs for GPs and "Quality Matters", a newsletter on quality assurance for hospitals in East Anglia.



Dr Shirley Ellis, Anglia pharmaceutical adviser, who is acting director of the new Academic Pharmacy Practice Research Centre, with ABPI president Dr Till Medinger, who opened the Centre last week

Ferguson president of Europharm Forum

The Royal Pharmaceutical Society's secretary and registrar, John Ferguson, has been elected president of the EuroPharm Forum of pharmaceutical associations and the World Health Organisation Regional Office for Europe.

As the second president of the Forum, Mr Ferguson will ensure that pharmaceutical contact between European nations is strengthened and that the profession has a forceful advisory input on practice questions to WHO's Europe department.

Projects currently in development include work on diabetes care, smoking cessation and encouraging patients to get the best from their pharmacist by asking more questions about their medication.

Essex repeats unwanted medicines campaign

Last year's mobile DUMP campaign in Essex is being repeated next month, at the request of pharmacists.

The Local Pharmaceutical Committee is again joining forces with Essex Family Health Services Authority to help man a converted caravan which will visit leisure centres and schools throughout the area, exorting the public to return unwanted medicines.

LPC secretary John Stanley says: "What we have got is a two-fold [DUMP] situation, which is what contractors wanted." This comprises an on-going campaign through pharmacies and the once-yearly mobile division.

Another off-shoot of the campaign is that it provides an opportunity to promote community pharmacy services.

Mr Stanley notes that last year's scheme was particularly successful in terms of education, although not as successful in collecting unwanted medicines.

This year's scheme ups the number of sites visited from five to 12 and will generate interest via a primary school poster competition.

- A GP formulary for Southend has been produced following intensive work from community and hospital pharmacists, GPs, consultants, representatives of the FHSA and the chairman of Essex LPC.

John Stanley says work on the formulary "was so useful that it will hopefully be adopted across the county".

- The LPC are also sponsoring 150 carrier bags for Thurrock Child Safety Week bearing the label: "Sponsored by your local pharmacist".

Liverpool LPC gets specific

Liverpool Local Pharmaceutical Committee is to appoint specific members of the LPC to assume responsibility for pharmaceutical issues.

John Donoghue, LPC secretary, says: "Usually all of the workload devolves on one or two people, so by delegating we hope we will do much better for Liverpool contractors."

Specific areas to be tackled include continuing education, audit, the needle exchange scheme, public health and the new contract.

Mr Donoghue points out that there will be cost implications for the LPC as members may have to attend meetings which fall within their sphere of interest.

- Last week's Liverpool LPC meeting was attended by David Sharpe, chairman of the Pharmaceutical Services Negotiating Committee, as part of his local investigation into what's happening within the profession (see *C&D* June 4, p929).

He also met with Liverpool Family Health Services Authority's head of contractor services. Mr Donoghue comments that he understood that the meeting between the two men "was constructive and friendly".

Pharmacist fined over fakes

A Richmond pharmacist has been fined by magistrates after confessing to selling fake Ray Ban sunglasses.

Local trading standards officers were originally tipped off that Robert Gordon of Gordon Pharmacy was selling the counterfeits by Ray Ban manufacturer Bausch and Lomb.

Armed with information from the American company on how to recognise the copies, one officer then visited the shop and inspected the sunglasses.

On a second visit, he bought a pair for £30, which compares with a minimum of £60 for the real thing. These were confirmed as fakes.

When Mr Gordon served the trading standards officer, he admitted that the sunglasses were Ray Ban copies imported from Taiwan. Later in court he said that he knew the prestige attached to the name, but did not know that it was a registered trade mark or that he was breaking the Trade Descriptions Act.

The magistrates, however, found that Mr Gordon had illegally used the Ray Ban logo in his window. He was fined £400 and ordered to pay £695 costs.

Topical REFLECTIONS

NPA tackles malaria

The National Pharmaceutical Association is launching a patient information leaflet dealing with anti-malarial medication.

Entitled "How to Take Your Malaria Tablets", it covers how and when tablets should be taken and advice on avoiding being bitten by mosquitoes.

Each pad contains 50 leaflets, with space to customise them with the pharmacy's own details, and costs £1.50. They can be ordered through the NPA's sales office.

- The NPA has included two pharmacist information leaflets in this month's Supplement.

The first, to coincide with Defeat Diabetes Week, which runs from June 12-18, outlines how pharmacists can help diabetes sufferers by monitoring their condition, giving advice on insulin use and storage. The Supplement also provides a guide to lancets available on NHS prescriptions.

The second leaflet details ways in which pharmacists can work with GPs to improve patient care. This includes interpreting PACT data, advising on formulary production and generic prescribing, participating in medication review, and helping with patient compliance.

- A draft "business proposal" for NPA members to use in negotiating payments for providing medicines in filled cassettes is now available. Copies of the proposal can be obtained from the NPA's Professional Services Department.

ASA clears Boots' ads

Boots the Chemists' product-specific advertisement for Pepcid AC has been cleared for continued use by the Advertising Standards Authority.

The advertisement was one of a series placed by Boots in the nyational Press which depicted recently deregulated products and noted their availability in Boots' stores.

The Royal Pharmaceutical Society's Council was concerned that consumers might infer from the advertisement that the products were only available from Boots.

The Society therefore asked the ASA to adjudicate on whether the Pepcid AC advertisement was acceptable or misleading.

The ASA believes that there is no case for investigation. "The product has clearly got its own trademark and brand name [in the advertisement]. It does not state that it's only available from Boots," an ASA spokeswoman commented.



Not the *Which?* way to patient health

The amount of space that the Consumers' Association devotes to community pharmacy in its magazine *Which?* is only matched by the volume of objections from pharmacists that each successive article generates.

The latest attack, using their so-called research team (*C&D* June 4, p928), once again produced great copy for *Which?*, but very little additional benefit for the reader. By now, its readers must be totally confused over the comparative advantages of seeking drug advice from pharmacies, doctors or their local garage forecourt; or whether, indeed, they should be attempting any form of self-medication on the grounds that it is obviously far too dangerous!

Personally, I deeply resent these attacks on community pharmacy because, on looking at the way I and my local colleagues practice, the researchers from *Which?* quite obviously either conduct their business in far-distant lands or are having their conclusions drawn before asking the questions.

But the war has gone on long enough and is presently producing little of constructive help to the public. Both the Consumers' Association's techniques and the profession's reaction to the conclusions seem to be flawed by any agreed research protocol, yet public statements are made which, although being opposed to one another, nevertheless purport to be supporting whatever is best for the patient. If I did not know better, I would think I was listening to political debate from the House of Commons!

The time must surely have arrived when this inconclusive but damaging debate should cease and, instead, dialogue be started between the two protagonists.

I would like the Consumers' Association and pharmacy, ideally represented by The College of Pharmacy Practice, to institute agreed, integrated and comprehensive practice research, to properly establish the quality of pharmaceutical advice presently being received by the consuming patient and, using incontrovertible data, then make suggestions on how that service should be improved. The conclusions may or may not produce good copy for *Which?* but, with the goodwill of community pharmacy assured, problem areas could then be tackled and the patient benefit we both desire will be more easily attained.

Appliance of science?

It seems that at long last the ridiculous differentials that presently exist between the supply of ostomy services by appliance contractors and community pharmacists is to be properly addressed.

Management consultants Touche Ross are reported to have recommended to the Department of Health that the present high on-cost payments to appliance contractors should be scrapped in favour of a universally applied fee structure.

I will believe it when I see it, but it will be a foolhardy Minister who will ignore the recommendations of his own consultants and perpetuate the partiality of the present system.

But we must be on our guard against the voracity of the Treasury because the inadequacy of pharmacists' payments must not be used as the basis of new scales for all, with the Treasury pocketing the difference.

Touche Ross recommend that additional fees should be paid for deliveries, home visits and support services to patients. This must be the way forward and deserves our full support. It is, after all, only suggesting I am paid for a service that, for many years, I have performed for free!

The money is already in the system. Touche Ross have made their report. I look forward to swift action from the DoH and immediate implementation of a level playing field for all contractors. By paying pharmacists realistic fees, community pharmacy would be enabled to provide this necessary service to all its ostomy patients.

Short change from AAH?

AAH may still be considering their response to Unichem's recent trading changes, which mean that I now enjoy full discount and a twice a day delivery on all split packs of 'P' medicines, but they must hurry if they are not to lose more business.

Their latest plans involving generics (**Business News** June 4) is hardly dynamic and, with the cut-throat nature of the generic market, is probably doomed to as comprehensive a failure as previous wholesaler attempts. The final guarantee of "we will refund the difference" will receive the same response from me as I presently give to similar retail offers in the High Street.

In this case, I am the consumer, and I fail to see why I should have to establish the lowest possible market price and then, having already bought my stock, only receive the difference as a refund from AAH. I am being asked to do their work for them. Now, if they offered a cash bonus in addition to the refund, equivalent to that differential, then that might be worth it!

Scriptspecials

Zydol — new opioid analgesic from Searle

Zydol (tramadol) is a new opioid analgesic from Searle Pharmaceuticals which is indicated for the management of moderate to severe pain.

Tramadol is a centrally-acting analgesic. It is a non-selective agonist at opioid receptors. Other mechanisms which may contribute to its analgesic effect are inhibition of neuronal re-uptake of noradrenaline and enhancement of serotonin release.

Depending on the severity of the pain, the initial dose, when the drug is administered orally, is 50 or 100mg followed by 50 or 100mg every 4-6 hours. For acute pain, an initial dose of 100mg is usually necessary. An initial dose of 50mg is advised for patients suffering from chronic conditions. A total oral daily dose of more than 400mg is not normally required.

The usual dose by the parenteral route is 50 or 100mg given every 4-6 hours by the intramuscular or intravenous route.

The company claims tramadol is as effective as pethidine and morphine and more effective than codeine. It is said to have a lower incidence of respiratory depression and constipation than traditional opioids.

Although it has a low potential to cause physical dependence, cases of abuse and dependence have been found to occur. Despite its agonist effect at opioid receptors, tramadol cannot suppress morphine withdrawal symptoms which makes it unsuitable for use with opioid-dependent patients.

Administering tramadol with other centrally-acting drugs, including alcohol, may potentiate CNS depressant effects. Simultaneous administration of carbamazepine markedly decreases serum concentrations of tramadol possible, leading to a decrease in analgesic effectiveness and a shorter duration of action.

Zydol is a Controlled Drug. It is available as an orally administered capsule containing 50mg tramadol (100, £17.71) and as ampoules with 100mg tramadol in 2ml aqueous solution (5, £6.50). **Searle Pharmaceuticals. 0494 521124.**

Sandimmun for arthritis

Patients suffering from severe, active rheumatoid arthritis, who are not responding to current treatments, can now be offered an immunosuppressant. The oral forms of Sandimmun (cyclosporin) are now licensed for the treatment of severe, active rheumatoid arthritis in patients in whom classical slow-acting rheumatic agents are either inappropriate or have proved to be ineffective.

In such patients, the company recommends initiating therapy over a period of 12 weeks. For the first six weeks of treatment the recommended daily dose is 2.5mg/kg/day in two divided doses. If the clinical effect is not sufficient, the dose may be gradually increased at a rate the patient can tolerate to a maximum of 5mg/kg/day. In very severe cases, the disease is more likely to be controlled rapidly and effectively with a starting dose of 4mg/kg/day.

If there is an inadequate response after three months of treatment at the maximum permitted or tolerable dose, treatment should be discontinued. For maintenance treatment the dose should be titrated according to the individual's tolerability.

There is limited data available on the long-term use of Sandimmun in the treatment of rheumatoid arthritis. Therefore, Sandoz recommend re-evaluating patients after six months of maintenance therapy and only continuing if the benefits of the treatment are outweighing the risks.

Sandimmun can impair renal functions. Therefore, as an additional precaution, a reliable baseline level of serum creatinine should be established and levels should be monitored at two-week intervals during the first three months of therapy, and then monthly.

Sandimmun can be given in combination with low-dose corticosteroids and/or non-steroidal anti-inflammatory drugs. However, as NSAIDs alone can have an adverse effect on renal function, Sandoz say that the addition of these drugs to Sandimmun therapy, or an increase in their dosages, should initially be accompanied by particularly close monitoring of renal function and with more frequent checks of serum creatinine.

Sandimmun is contra-indicated in rheumatoid arthritis patients with abnormal renal function, uncontrolled hypertension, uncontrolled infections or any kind of malignancy. It should not be used to treat rheumatoid arthritis in patients under the age of 18.

Patients suffering from rheumatoid arthritis have been found to have an increased incidence of malignancies compared to the general population and disease modifying drugs have been shown to increase the risk of malignancy further. However, Sandimmun does not appear to increase the incidence of malignancies any more than other currently available disease modifying drugs.

The company stresses that the use of Sandimmun therapy for the treatment of patients with rheumatoid arthritis requires careful monitoring and follow-up and says it should only be used provided the necessary expertise, adequate equipment, laboratory services and supportive medical resources are available. **Sandoz Pharmaceuticals (UK) Ltd. Tel: 0276 692255.**

Diabetes Week

National Diabetes Week runs from June 12-18. The British Diabetic Association is launching its new "Symptoms Awareness" advertising campaign during the week, as poor symptom awareness may be a significant factor in delayed diagnosis and increased prevalence of complications. **British Diabetic Association. Tel: 071-323 1531.**

Indapamide 2.5mg

Indapamide 2.5mg tablets are now available from Bartholomew Rhodes. The tablets are packed in child-resistant, tamper-evident packs of 30 (£3.59) or 60 (£7.17). **Bartholomew Rhodes. Tel: 0604 882626.**

Refolinon Injection

Pharmacia have changed the pack size of Refolinon Injection (3mg/ml) from 10 × 10ml to 5 x 10ml. The basic NHS price is £28.48. **Pharmacia Ltd. Tel: 0908 661101.**

Kylie Kanga range

The Kylie range of reusable pants, the Kanga marsupial pouch system and the Kylie bedsheet are now available from Simcare which is a specialist community care company within Smiths Industries Medical Systems. The pants systems have been incorporated in the new "Home Health" range of incontinence products from AAH Pharmaceuticals. **Simcare Ltd. Tel: 0903 761122.**

GLA and bones

Scotia Pharmaceuticals are developing a new compound for the management of osteoporosis. The novel single compound, containing both gamma-linolenic acid and eicosapentaenoic acids, is likely to enter Phase II clinical trials in 1995. The company suggests that certain concentrations of these fatty acids can increase calcium absorption from the diet and reduce calcium excretion leading to increased calcium deposition in the bones. **Scotia Pharmaceuticals Ltd. Tel: 0483 574949.**

Finer gauge needle

The Nordifine 30 gauge needle (G30) has an external diameter of 0.30mm — 15 per cent finer than the narrowest needle presently available (G28) and 25 per cent finer than the most widely used one (G27). The manufacturer says it will reduce the pain associated with growth hormone injections. **Novo Nordisk Pharmaceuticals Ltd. Tel: 0293 613555.**

Adalat pack change

The new pack size of Adalat Retard 20mg is 56 tablets. The basic NHS price is £10.81. **Bayer plc (Pharmaceutical Division). Tel: 0635 39000.**

Fluvirin

Fluvirin inactivated influenza vaccine, prepared from strains of influenza virus currently recommended by the World Health Organisation, is now available. Fluvirin 0.5ml disposable syringes are packed in cartons of one (£5.09) or ten (£50.90). **Evans Medical Ltd. Tel: 051-486 1866.**

New dialysis solution for CAPD

Icodial, from M L Laboratories, is a new type of dialysis fluid for renal patients on continuous ambulatory peritoneal dialysis (CAPD).

Until now, dialysis fluids have been based on glucose which, in some patients, may cause fluid overload and high carbohydrate load, leading to weight gain.

Icodial consists of a novel pharmaceutical macromolecule of polymerised glucose derived from hydrolised cornstarch. Its osmotic pull is slower but more persistent than glucose. Icodial can be left in the peritoneum for longer than glucose and has been shown to work for up to 12 hours. **M L Laboratories. Tel: 051-228 0984.**



Now can I ask a favour?"

This actress is appearing in a multi-million-pound consumer campaign for Canesten 1 pessary. Added to Canesten's prescription heritage and its already dominant position in the market, this campaign is bound to increase your sales. Now, there is one problem you can help us with.

We've found out that many thrush sufferers use just one kind of Canesten, the 1% Cream, designed for external use only. But first and foremost, they need to treat the cause of thrush, which as we know is inside the vagina. The one to recommend for that is Canesten 1 pessary (or 10% VC, for women who have vaginal dryness problems). It starts working immediately and clears all the symptoms within three days.

So please recommend Canesten 1 pessary – and display our point-of-sale materials prominently.

Canesten®1 *Pessary*

CLOTRIMAZOLE VAGINAL TABLET

Treat the cause, not just the itch

duct Information

entation **Canesten 10% VC** is available as a single pre-filled applicator containing 5g of 10% clotrimazole vaginal cream. **Canesten 1** is available as a single vaginal tablet containing 500mg clotrimazole and an applicator in which to place the tablet insertion. *Uses* Candidal vaginitis. *Dosage and Administration* **Canesten 10% VC.** Adults: Insert the contents of the pre-filled applicator intravaginally, preferably at night. **Canesten 1.** Adults: Place the Canesten 1 vaginal tablet in the applicator, and insert avaginally, preferably at night. Children: Since both of these products are used with an applicator, paediatric usage is not recommended. *Contra-indications* Hypersensitivity to clotrimazole. *Side-effects.* Rarely patients may experience local mild burning or ation immediately after inserting the cream. Hypersensitivity reaction may occur. *Use in Pregnancy* In animal studies clotrimazole has not been associated with teratogenic effects but following oral administration of high doses to rats there was evidence of toxicity. The relevance of this effect to topical application in humans is not known. However, clotrimazole has been used in pregnant patients for over a decade without attributable adverse effects. It is therefore recommended that clotrimazole should be used pregnancy only when considered necessary by the clinician. If used during pregnancy extra care should be taken when using the applicator to prevent the possibility of mechanical trauma. *Accidental Oral Ingestion* In the event, routine measures such as gastric ge should be performed as soon as possible after ingestion. *Pharmaceutical Precautions* **Canesten 10% VC.** Do not store above 25°C. **Canesten 1.** No special storage precautions are necessary. *Legal category* P. *Retail Selling Price* £5.95 for each product. *duct Licence Number* **Canesten 10% VC.** PL 0010/0136. **Canesten 1.** PL 0010/0083. *Date of Preparation* August 1992. *Further information available from:* Bayer plc, Pharmaceutical Division, Bayer House, Strawberry Hill, Newbury, Berkshire, RG13 1JA.

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Double the opportunity
Double the sale



Clarityn™ - the fastest growing antihistamine over the counter, is joined by a powerful new partner – Clariteyes™.



On the pack and at point of sale, Clariteyes eye drops visually link with Clarityn for ease of pharmacy recommendation - building on the established success of Clarityn in hayfever.

Clarityn & Clariteyes - a logical partnership for your hayfever customers

AVAILABLE AT WHOLESALERS NOW.

High impact point of sale display material is available from your local Schering-Plough Consumer Health Representative.

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Welwyn Garden City, Herts AL7 1TW

™ denotes trademark

New guidelines for diabetic hypertension

New guidelines, entitled "Blood pressure and diabetes: everyone's concern", are designed to raise awareness of the importance of managing hypertension in diabetics and provide GPs and hospital physicians with a protocol for care.

The threshold for starting treatment and its form are determined by the type of diabetes, the presence or absence of complications and blood pressure readings.

People with NIDDM and no complications of diabetes or risk factors for heart disease, whose blood pressure lies between 140/90 and 160/90, can be managed initially with life style changes. These include reducing alcohol and salt intake, stopping smoking and taking regular exercise.

If blood pressure rises above 160/90, appropriate drug therapy should be considered. Signs of complications in NIDDM patients may justify drug therapy at a lower blood pressure reading of 140/90.

For patients with IDDM, the threshold for starting drug therapy is 140/90. However, if there are signs of kidney disease or any other end organ damage, drug therapy may be appropriate at lower readings.

Hypertension is more than twice as common in people over 55 with NIDDM compared with the general population. Although hypertension is relatively rare in people under 40 with insulin dependent diabetes (6 per cent), the prevalence increases to between 25 and 29 per cent in middle age.

However, the major impact of hypertension in diabetes is large vessel disease. Estimates are that 75 per cent of all NIDDM deaths are due to coronary vascular disease.

High blood pressure can increase the rate of nephropathy and new research suggests that it may also worsen retinopathy.

Better life for epileptic kids

"Managing children with epilepsy involves more than controlling their seizures," Dr Frank Besag, paediatric neurologist and medical director of St Piers Lingfield, Surrey, told delegates attending the "Paediatric Epilepsy — Time for Change" conference last weekend.

At the Wellcome-sponsored event, Dr Besag pointed out that no reduction in overt seizures did not necessarily mean therapy had failed, rather that there may be an effect on "subtle" seizures.

He cited the results of a study of Lamictal (lamotrigine) in 17 patients. There was a marked reduction in the brain's spike and wave events (electrical activity) in half of the patients. This improved the patients' quality of life, with them reporting an increase in alertness.

He also said there was a need to be more holistic, to look at past seizures, and all slants of a child's life.

As-needed salbutamol

Administering salbutamol regularly to patients with moderately severe asthma does not produce lower peak flow rates than as-needed salbutamol and is associated with less frequent asthma symptoms, reports *The Lancet*.

A Canadian case-controlled study, involving 341 adults with asthma, compared the effects of regular salbutamol and as-needed salbutamol.

Patients received 200mcg four times daily for the first two weeks and as-needed for the following two weeks.

The researchers found no significant differences in morning and evening peak-flow rates between treatments. However, asthma symptoms and supplementary bronchodilator use were significantly less frequent with regularly administered doses of salbutamol.

Chemex Corner

CHEMEX
EXHIBITION



11-12 SEPTEMBER 1994
WEMBLEY EXHIBITION CENTRE
LONDON • ENGLAND

Chemex at a glance guide

- Chemex 94 will be taking place at the Wembley Conference and Exhibition Centre, London, on Sunday and Monday, September 11-12.
- This year, the exhibition falls into two sections, one majoring on Healthcare and the other on Beauty.
- There is free parking for up to 5,000 cars.
- Visitors to Chemex 94 will be able to visit two associated exhibitions: "Pulse in Practice" for GPs, practice managers and nurses; and "Neighbourhood Retailing" for CTNs and grocers.
- All three exhibitions are organised by MGB Exhibitions Ltd, Marlowe House, 109 Station Road, Sidcup, Kent DA15 7ET (tel: 081-302 8585, fax: 081-302 7205). Contact Hugh Robinson.

New formula for Chemex 94

Chemex, the UK's largest trade exhibition for pharmacists, has a new look this year. Now in its 12th year, Chemex has become a key event in the calendar.

With the growth in the number of visitors, it is important that the time they spend at the show is used to the maximum benefit. With this in mind stands have been grouped by "product identity" at this year's show to give each of the two exhibition halls a distinctly different and unique appeal.

Healthcare is the theme in one hall, with the emphasis on over-the-counter medicines, health and babycare products, pharmaceuticals and pharmacy computer systems. For pharmacists looking for opportunities to improve still further the professional aspects of their businesses, this is a must.

The second hall offers all the glamour of the beauty business, majoring on cosmetics, toiletries, fine fragrance and beauty.

The new format has gone down well with exhibitors, according to Hugh Robinson of MGB Exhibitions, the man with the difficult job of putting the show together. Chemex 94 is set to be as large, or slightly larger, than in '93.

So far, 138 companies have booked space and of these 100 have confirmed their booking, "which is excellent at this stage of the game", says Mr Robinson. He is aiming to attract 200 exhibitors — some 20 per cent more than last year — who will represent some 250-270 companies.

"We have a 100 per cent sell-out in the Healthcare Hall and people on a waiting list, although there is still some space in the Beauty area," he reports.

BEAUTY 94 AT CHEMEX

11TH-12TH SEPTEMBER 1994
HALL 2, WEMBLEY EXHIBITION CENTRE

The concept of a retail beauty exhibition is fully supported by the industry's body, the Cosmetic Toiletry and Perfumery Association, who will be there.

"Apart from the Spring Fair in Birmingham, there is no national retail toiletry, cosmetic and perfumery event," explains Mr Robinson. "The exhibition is also ideally timed for the pre-Christmas buying period."

Three in one opportunity

While Chemex is the main attraction at Wembley on September 11-12, visitors can also visit two other MGB-organised exhibitions running at the same time.

The "Pulse in Practice" conference and exhibition runs from September 10-12, offering a blend of education, debate and advice to GPs, practice managers, nurses, health visitors and FHSA managers.

A three-day conference programme featuring leading medical speakers will cover topics as diverse as smoking cessation, contraception and measuring prescribing. There will be extensive Question Time sessions with panels which include the chief medical officer, Dr Joe Collier *(Drug & Therapeutics Bulletin)*, Rabbi Julia Nueberger and Dr Frank Wells.

For those with an interest in the retail angle, "Neighbourhood Retailing" will be running alongside Chemex. Targeting independent retailers, CTNs and grocers, it allows pharmacists to size-up their retail competition.

Something old ...

While there will be some familiar features at Chemex 94, such as the popular NPA Village, there will be plenty of new angles for visitors and exhibitors alike.

The Beauty Hall, for example, will feature a French Pavilion, specifically for French companies wishing to break into the UK market. The cosmopolitan atmosphere will be boosted by the presence of American firms which will be exhibiting for the first time, along with Italians.

And, of course, exhibitors will be running their own Chemex promotions, show offers and competitions.

There will be free parking, a creche and restaurant facilities.

Counterpoints



Colgate Classic

Colgate-Palmolive will replace the Original flavour of Colgate Plax dental rinse with a New Classic flavour from mid-June.

The manufacturer says that the new improved formulation is more effective, better tasting and more suitable for everyday use.

To encourage trial purchases by consumers, 100ml bottles of the new flavour have been introduced.

The improved formula is featured on-pack and in a targeted promotional programme which will break in July.

A radio advertising campaign will be aired on breakfast shows on 15 radio stations from July until the end of September.

The New Classic flavour is available in 100ml, 250ml and 500ml bottles retailing at £0.99, £2.19 and £3.49 respectively. **Colgate-Palmolive Ltd. Tel: 0483 302222.**

Wild Rain joins Gillette Series

This week sees the launch of a second signature fragrance to the Gillette Series range of mass market male toiletries.

Wild Rain includes three shaving preparations, four anti-perspirants, two aftershave conditioners and an aftershave splash.

The new launch comes a year after the introduction of Gillette Series Cool Wave, which has seen sales estimated at £6.5 million. It now claims to be the number two male toiletry brand in a market worth £553m (including blades and razors).

Promotional support for Wild Rain starts at the end of August and will include a £2m national television advertising campaign, backed up by in-store promotions. Sample sizes of the product will be available through selected outlets.

The Wild Rain fragrance comes from the fougère family, in contrast to the chypre of Cool Wave. It combines fresh herbaceous top notes with spicy woody middle notes and mossy amber base notes.

The new range mirrors the "high performance" packaging of Cool Wave, but in a fresh green livery.



The shaving products include a gel (200ml £2.39), shaving foam (250ml £1.79) and a shave gel concentrate (100ml £1.85), all enriched with aloe. Aftershave lines include a gel and a balm (both 100ml £4.25), and an aftershave splash (150ml £6.99).

Deodorant products are a clear gel anti-perspirant deodorant (75g £2.39), an anti-perspirant stick (75g £2.19), an APD aerosol (200ml £2.19) and a deodorant body spray (150ml £2.19).

Floor stands with free testers, along with counter units, can be obtained through the sales force. A trial size counter unit is available for pharmacies. It carries the shave gel, aftershave conditioner gel, the body spray and the anti-perspirant clear gel. A planogram service is also offered to help retailers get the most out of their toiletry fixtures.

Gillette are targeting the aftershave market (worth £266m) having concentrated on the £10m aftershave conditioner sector until now. Some 68 per cent of men use aftershave regularly, and 25 per cent daily.

The aftershave splash — a new line for the Gillette Series — is also being introduced into the Cool Wave range. Support will hinge around gift-giving occasions such as Father's Day, culminating in £500,000 of television advertising around Christmas. A Christmas gift pack will be available.

A counter unit with six packs with a free tester is available through the sales force. Linked wholesaler promotional deals will be available in July. **Gillette UK. Tel: 081-560 1234.**

Foltène crosses the Channel

Baker Norton have launched Foltène Research, a GSL treatment said to help prevent hair loss, into the UK along with two shampoo products.

Foltène Research is a £10-million brand in France. It used to be available in the UK, but Baker Norton have relaunched the product with a new formulation.

The brand will only be distributed through Boots and independent pharmacy outlets. Baker Norton are seeing major wholesalers over the next few weeks to seek a listing.

Selective advertising has already started in the Sunday newspapers. Marketing manager Nick Foster says some £400,000 will be spent promoting the brand this year.

Foltène Research itself is available as a pack of 12 treatment phials (£19.95). The two shampoos — one for devitalised hair and the other for frequent use — are both priced £3.50 for 200ml.

The haircare products join a growing portfolio of toiletry and cosmetic lines in the Baker Norton stable, which now includes Dermablend and the Flori Roberts range of cosmetics for darker skins. **Baker Norton. Tel: 0279 426666.**

New from Babytec

Babytec, who have recently obtained a listing with Unichem and AAH, are promoting their new range of bottle warmers and steam sterilisers to the pharmacy trade.

Bottle and food warmers are available for both home use and in the car (via the lighter socket).

The travel bottle food warmer (£9.95) will warm any shape or size of bottle in about 15 minutes. For home use there are two warmers — a thermostat controlled version (£15.95) which takes all standard bottles, and an electronic one (£18.95) which accommodates all shapes and sizes. They both take 3-4 minutes to warm feeds.

Two steam sterilisers are available. Both the six-bottle (£37.95) and the two-bottle (£24.95) versions take any size of bottle plus teats and caps. The sterlisation cycle takes eight minutes.

Babytec also sell a digital thermometer (£8.95), which can be used orally or rectally. It will bleep when the highest temperature is reached.

The products will be featuring in monthly promotions in the future. **Babytec. Tel: 0747 823393.**

OTC silver nitrate for warts

Avoca is a new OTC wart treatment set from Bray Health & Leisure, which is available exclusively from Robinson Healthcare.



Each set contains a silver nitrate wart pencil (silver nitrate 95 per cent, potassium nitrate 5 per cent), adhesive dressings, protector pads and an emery file.

The tip of the wart pencil is moistened and then applied gently to the wart for one or two minutes. The treatment may be repeated after 24 hours to a maximum of three treatments only. If the skin is not healing satisfactorily after one week, the patient should be referred to their GP.

Avoca is a Pharmacy product and is available in point of sale display packs containing six sets. It has a recommended retail price of £2.95.

It is estimated that one million people in the UK suffer from warts every year. Robinson Healthcare say there is a natural seasonal increase in demand for wart treatments with 70 per cent of sales recorded during the months of June, July, August and September. **Robinson Healthcare. Tel: 0246 220022.**

RODUCT INFORMATION
resentation: Colourless gel
ith lavender fragrance con-
ining ketoprofen BP 2.5% w/w
dications: Relief of pain and
flammation associated with
ckache, muscular and
eumatic pain, sprains, strains
d sports injuries
osage: Apply a thin layer
gel to the affected area three
es a day for up to 7 days.
ter the gel is applied it should
rubbed in well.
derly: As above.
ildren: Not to be applied to
ldren under 12 years of age.
ntraindications: Patients
th hypersensitivity to ketopro-
, ibuprofen, asprin or other
n-steroidal anti-inflammatory
gnts, patients suffering from
with a history of bronchial
hma or allergic disease,
dative dermatoses, eczema,
es and infected skin lesions
roken skin
cautions: Oruvail Gel should
be applied to mucous
mbranes or eyes, or used with
lusive dressings. Caution in
ients with severe renal impair-
nt. Should a skin rash occur
r gel application, cease treat-
nt. Treatment should not
tinue for longer than 7 days.
mptoms persist consult
tor. Keep gel away from
ed flames.
in Pregnancy and
tation: Only when
cribed by a physician - see
sheet
erse Reactions: Skin
tions, including pruritus and
ised erythema
al Status: 30g Packs. P
il Selling Price: £3.95
VAT).
duct Licence Number:
243
duct Licence Holder:
and Baker Ltd, Dagenham,
0 7XS.
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on available from:
e-Poulenc Rorer, St
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Chemist excluding Boots,
eekly audits on 5th March

vonnet, J C *et al* Rheumatol
l. Suppl. 11-14, 1976
4 on file



That's what Rhône-Poulenc Rorer are putting behind Oruvail Gel. For you. Because Oruvail Gel, in 30g tubes, is available only in pharmacies.

At just over £1 per tube sold[1], profit margins are high. And so has been the response from the market-place – the last TV campaign generated a 25% sterling share of the topical NSAID market for Oruvail Gel.[2]

Oruvail Gel contains ketoprofen, which is more potent than ibuprofen in inhibiting the synthesis of the prostaglandins that cause pain[3]. Furthermore, Oruvail Gel has been shown to be clinically superior to piroxicam gel in soft tissue injuries[4].

Oruvail Gel - real business with serious support.



Oruvail gel
Ketoprofen
Trademark

The key to deep down relief is the ketoprofen

Blue Poppy fragrance joins Bronnley stable

Bronnley are introducing a new fragrance called Blue Poppy to their almond oil range of female toiletries and perfumes. Available from July, Blue Poppy will be the sixth fragrance in the series.

The inspiration for the range comes from the Himalayas where the blue poppy flower grows. Bronnley say the fragrance has a less floral note than other scents in the range, and is fresh and crisp.

A full range of soaps, toiletries and perfumes is available in co-ordinated packaging carrying a blue poppy motif.

There are five soap varieties: bath (150g singles £2.30, box of three £6.90); hand (75g single £1.75, box of three £5.25); 25g guest soap (£0.75); 75g travel soap in a case (£1.95); a 200g shower soap on a rope and a sponge soap (both £4.45).

Bath preparations include a moisturising bath foam (250ml £4.95); bath oil (100ml £5.95); bath crystals (£4.95); and cubes (£3.95).

New to the range is an all over shower gel (250ml £4.95).

Talcum powder comes in a bottle (175g £3.55) or as dusting powder with puff (£4.95).

Another new line to the range is a moisturising body spray, presented as a milky lotion in a pump action glass bottle (100ml £5.95). Other lotions include a hand and body moisturiser (250ml £4.95) and hand cream (75ml tube £2.95).



To complete the range is a body splash cologne (250ml £8.95) and a 50ml eau de toilette (£7.95).

Coinciding with the launch of Blue Poppy, Bronnley have updated various aspects of other fragrance variants across the range.

The moisturising body spray is now included across all fragrances. Shower gel with a storage hook replaces the shower gel shampoo in its traditional bottle.

Perfumed drawer liners are a new addition available in Blue Poppy and Pink Bouquet (£5.75 for six sheets).

Both the eau de toilette and bath oil have been repacked in glass bottles which complement the new body spray. **H. Bronnley & Co Ltd. Tel: 0280 702291.**

Big splash for Palmolive wash bar

Colgate-Palmolive are splashing out on a multi-media advertising blitz to push their new Palmolive 2 in 1 Wash & Creme cleansing and moisturising bar.

The initial campaign, including high-profile television advertising, is costing the company around £4.4 million. It broke this week.

Subsequent "executions" of the TV promotion, plus advertorials in the women's Press, the distribution of three million samples and other sales support take the total spend up to £9.3m.

Tom Zerzan, senior product manager for Palmolive 2 in 1, anticipates brisk business as a result of the big-spending promotional push.

"Independent pharmacists may recall that when advertising broke for the Palmolive 2 in 1 Shower & Creme, sales quadrupled overnight," he says.

Moisturising bars now account for 23 per cent of the £152m UK soap market, adds Mr Zerzan. **Colgate-Palmolive. Tel: 0483 302222.**

Eye's Lite for new stand

A new counter merchandising unit is available for Mavala's Eye Lite range of day- and night-time treatment products and colour cosmetics.

The unit carries:

- By Night: Double Lash eye lash treatment; eye make-up Removal Lotion and Gel; and Double Creme anti-ageing cream.
- By Day: Eye Base for eye shadow; Waterproof Mascaras in brown, black and blue; and Eye Contour Gel. **Mavala (UK) Ltd. Tel: 0732 459412.**

Talking teeth

"Talking Teeth and Oral Hygiene" is the latest education leaflet from Roche Consumer Health in support of their Interdens product. Tackling everything from regular brushing through to periodontal disease, it also answers common questions about dental care and highlights products that can be used for extra care of teeth and gums. **Roche Consumer Health, PO Box 8, Broadwater Road, Welwyn Garden City, Herts AL7 3AY.**

Barby time

Gas-fired barbecues are among the prizes in Rhône-Poulenc Rorer's Anthisan Cream Summer pharmacy competition. The event is open to all pharmacists and pharmacy assistants. Besides the 75 gas barbecues, 180 Anthisan Cool Bags are also up for grabs. **Rhône-Poulenc Rorer. Tel: 0323 721422.**

Foot notes

Seton Healthcare have published a consumer leaflet on Athlete's Foot to back their Mycota product range. "Footnotes for Healthy Feet" explains the causes of the complaint and how to treat it. **Seton Healthcare. Tel: 061-652 2222.**

And so to bed ...

Whitehall Laboratories have published a consumer booklet on sleep problems to support Medinex Night Time Syrup. "Getting the best from our sleep: Insomnia and how to overcome it", by sleep disorder expert Dr Colin Espie, answers common questions about insomnia and includes a sleep diary. **Whitehall Laboratories. Tel: 0628 669011.**

Primrose push

The latest advertisement in Efamol's £500,000 campaign for their evening primrose oil is now appearing in the consumer Press. The series of one-page adverts features *avant garde* paintings of women suffering premenstrual syndrome. **Efamol Ltd. Tel: 0483 304441.**

Proflex sizes up

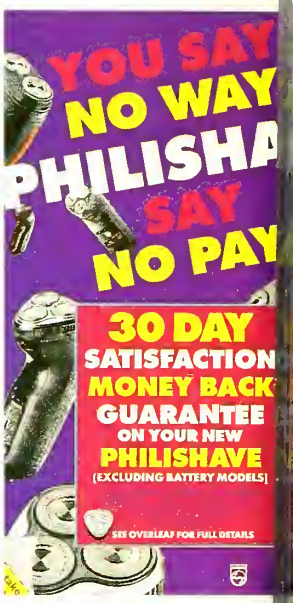
The pack size for Proflex Pain Relief has been increased to 30g, replacing the 25g pack. **Zyma Healthcare. Tel: 0306 742800.**

Mentholatum ...

There have been changes in Mentholatum lozenges. The display unit now holds 30 sticks instead of 12 and there are 12 lozenges per stick instead of nine. The rsp remains at £0.55 per stick. **Mentholatum Co. Tel: 0734 340117.**

Barclay tissues

Barclay have launched two varieties of facial tissue in soft white and multi-coloured variants. The boxes contain an average of 150 two-ply tissues (rrp £0.65). **Barclay Enterprise. Tel: 0782 784444.**



Philishave guarantee promotion

Philips have continued their promotions for Philishave in 1994 with a new customer guarantee.

The "30-day satisfaction money back guarantee" will run from July 1 to August 31 backed by a national advertising campaign.

Aimed primarily at young men, the guarantee offers customers a full refund on any new Philishave (excluding battery models) purchased during the promotion period if they are not fully satisfied.

The shaver must be returned within 37 days, with till receipt and completed promotional coupon.

Philips highlight that the £52 million men's shaver market is currently increasing, with value sales up 8.8 per cent year-on-year in the same period. **Philips Home Appliances. Tel: 081-689 2166.**

Pic 'n' mix with AAH

AAH Pharmaceuticals are offering discounts of 15 per cent, on orders of £50, for ten products in their Family Health range until the end of June.

The offer applies to coal tar shampoo, everyday hand cream, odour neutraliser, cold sore lotion, saccharin tablets, senna tablets, toothache tincture, verrucae treatment and wart solvent. **AAH Pharmaceuticals. Tel: 0928 717070.**



Simply Isogel

New 150g and 300g Packs

Isogel is purely and simply the most economical fibre bowel regulator your customers can buy. And now there's added flexibility. The new convenient standard pack is 150g with improved margins for you. There is also a new 300g pack which provides bulk-value for GP prescriptions and your most regular Isogel users! All in all, Isogel makes great sense for you and your customers - check your stocks today.

Purely. Simply. Economically.

CPL

Further information is available from Charwell Pharmaceuticals Ltd, Charwell House, Wilsom Road, Alton, Hants GU34 2PJ.

Hi Energy Lithium joins Energizer battery range

Battery manufacturer Ever Ready are adding to their Energizer range of alkaline batteries with a Hi Energy Lithium variant.

Claimed to be the world's first branded 1.5v AA size lithium battery, Ever Ready say it will last around three times as long as its alkaline equivalent. It is particularly recommended for photo, computer and business applications.

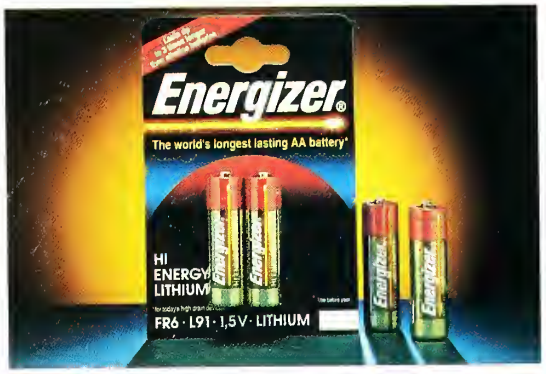
The batteries come blister packed in twos with a recommended price of £5.99.

Lithium cells for specialist applications have been around for a while. Since 1986, sales have increased from £4 million to £18m. In volume terms, they now account for 3.2 per cent of the total market.

However, lithium cells have not been available in the most popular AA size (accounting for 60 per cent of all battery sales) until now.

Hi Energy Lithium, at 15g, is 30 per cent lighter than alkaline equivalents. It has a shelf life of ten years and operates at temperatures from -5°C to +70°C.

"Significant" above and below the line support has been planned, including TV consumer Press advertising in the Autumn. **Distributors Unichem. Tel: 081-391 2323.**





Colourful point of sale material is available from Dendron representatives to support the Beckmann Stain Solutions range. Pharmacies account for a fifth of all sales of the products. Shelf strips, wobblers and window stickers are available. For pharmacy assistants, there is still time to enter the Beckmann Stain Solutions challenge to win a share of £1,000-worth of Next vouchers. Dendron Ltd. Tel: 0923 229251

Caring for carers

Awards worth a total of £2,000 are being presented to carers by Complan.

According to the company, the aim of its scheme is to identify and reward community projects for carers.

To apply for one of the four £500 awards, groups or individuals are invited to write a report of up to 1,500 words giving details of their plans. These will then be judged by Complan.

Schemes should be already running or about to get under way.

The awards are the latest development in Complan's Carers Initiative, which has also included the publication of "The Complan Report: The Two Faces of Caring", a carers' phone-in with *Good Housekeeping*, information packs and prizes for health professionals working with carers.

Applications for the awards should be sent in by September 30. **Complan Carers Initiative. Tel: 071-839 1144.**

Numark launch disposable camera

Numark are launching their own-brand range of single-use cameras to take advantage of the growing market for disposable cameras.

The new products will be available mid-June and come with or without flash together with 24-exposure 400 speed EXL colour print film.

The daylight camera retails at £4.99, while the flash version is £7.99, providing a maximum POR of 27 per cent. **Numark. Tel: 0827 69269.**



Stamp dispenser units



Stamp dispenser units have been redesigned by NDI Display for Royal Mail National.

The new "Hampden" stamp dispenser, which can be wall-mounted or left free-standing, has a rotating base and a special cover against pilferage.

NDI will also produce half-size units to fit next to the till.

Retailers can replace existing stands free of charge by contacting customer service at the **Royal Mail National. Tel: 031-550 8950.**

Photo promos

Tudor Photographic have unveiled a range of new price promotions.

They are supporting their recently launched XLG film with a special discount on the 50-pack dispenser.

The company is also offering Studio Express value packs of Polaroid video tapes at £81 plus VAT each (with a minimum order of two packs).

The company is discounting Lithium batteries when dealers buy a case of four of the new V200 or V210 Varta camcorder batteries.

The Lithium products are offered at £2.89 per cell for 2CR5 and CR/P2, and £1.75 for CR123A.

The Varta V200s are offered at £22.97 trade and the V210s at £38.30. **Tudor Photographic. Tel: 081-202 0811.**

Fuji advert campaign

The launch of Fujichrome Sensia is being backed by full- and double-page colour advertisements in the national and specialist photographic Press.

The new process-paid slide film from Fuji goes on sale in July, while the promotional campaign kicks off on July 9 with insertions in *Guardian Weekend*, *Observer Life*, *Times on Sunday* and photography magazines.

This first wave of publicity will be followed in August and September by advertising in "hobbyist publications" with a strong photographic slant.

It will be accompanied by a range of PoS material and a promotion giving purchasers the chance to win tickets to the giant IMAX cinema in Bradford.

Fujichrome Sensia is available in 135 format and 24- and 36-exposures. **Fuji Photo Film (UK). Tel: 071-586 5900.**

On TV Next Week

GTV Grampian
B Border
BSkyB British Sky Broadcasting
C Central
CTV Channel Islands
LWT London Weekend
C4 Channel 4
U Ulster
G Granada
A Anglia
CAR Carlton
GMTV Breakfast Television
STV Scotland (central)
Y Yorkshire
HTV Wales & West
M Meridian
TT Tyne Tees
W Westcountry

Aller-eze Clear:	C4, CAR, satellite
Aquafresh:	All areas
Beconase Hayfever:	CAR
Colgate Great Regular Flavour:	All areas
Delial:	C, A, HTV, W, M, C4
Gliss Corimist:	C4, GMTV
Mum Aerosol:	All areas except CTV, CAR
Nivea Visage:	C4
Palmolive 2 in 1:	All areas
Pepcid AC:	All areas except CAR, GMTV
Radox Showerfresh:	A
Rennie:	C4, GMTV, satellite
Slim Fast:	All areas
Tagamet 100:	All areas
Ultress:	B, G, C, A, HTV, M, LWT, CAR, C4
Zovirax Cold Sore Cream:	All areas



The No.1 treatment for heartburn is going from strength to strength[1]

When your customers have **severe or frequent symptoms of heartburn,** give them new **Extra Strength** Gaviscon 500 tablets.

The new **Gaviscon 500** OTC dedicated tablets are **lemon flavoured,** a taste that will attract new customers to the brand according to consumer tests, and generate extra revenue for you.

Remember that Gaviscon relieves the pain of heartburn in 4 out of 5 customers.[2,3,4]

So if they've got **severe symptoms of heartburn**, give them new **Extra Strength Gaviscon 500** lemon tablets.



GAVISCON

Keeps acid where it works, not where it hurts

Gaviscon Essential Information

Product Information. Active Ingredients: Liquid Gaviscon Sodium alginate BP 500mg, sodium bicarbonate Ph Eur 267mg, calcium carbonate Ph Eur 160mg per 10ml dose Gaviscon 500 Tablets Alginic acid BP 500mg, sodium bicarbonate Ph Eur 170mg, dried aluminium hydroxide gel BP 100mg, magnesium trisilicate Ph. Eur 25mg per tablet. Gaviscon 250 Tablets Alginic acid BP 250mg, sodium bicarbonate Ph Eur 85mg, aluminium hydroxide gel BP 50mg, magnesium trisilicate Ph Eur 12.5mg per tablet **Indications:** Liquid Gaviscon & Gaviscon 500 Tablets Heartburn, including heartburn of pregnancy, dyspepsia associated with gastric reflux, hiatus hernia and reflux oesophagitis. Gaviscon 250 Tablets Heartburn and acid indigestion. **Contra- Indications:** None known **Dosage Instructions:** Liquid Gaviscon. Adults and children over 12 10-20ml, children 6-12 5-10ml liquid after meals and at bedtime. Children under 6. Not recommended. Gaviscon 500 Tablets. Adults, children over 12 1 or 2 tablets after meals and at bedtime Children under 12: not recommended. Gaviscon 250 Tablets Adults and children over 12 2 tablets as required Children under 12 Not recommended Chew tablets thoroughly before swallowing. **Note:** 10ml liquid contains 6.2mmol sodium One Gaviscon 500 Tablet contains 2.1 mmol sodium. One Gaviscon 250 Tablet contains 1.02mmol sodium Both liquid and tablet forms of Gaviscon are sugar-free **Retail Prices:** Liquid Gaviscon 100ml £1.60, 200ml £2.86, Gaviscon 500 Tablets 12 £2.45, Gaviscon 250 Tablets 24 £1.95. **Product Licence Nos:** 44/0058 Liquid Gaviscon, 44/0140 Liquid Gaviscon Peppermint Flavour, 44/0141 Gaviscon 500 Tablets, 44/0103 Gaviscon 250 Tablets, 44/0143 Gaviscon 250 Lemon Flavour Tablets **Legal Category:** GSL **Method of sale.** Through registered pharmacies **Holder of Product Licences:** Reckitt & Colman Products Limited, Dansom Lane, Hull HU8 7DS GAVISCON and the sword and circle symbol are registered trademarks **Date of preparation:** 25/1/94 **References:** 1 Taylor Nelson Counterpoint MAT to June 1993 2 Chevrel B (1980) *J Int Med Res* **8:** 300 3. Ward A.E (1989) *Br J Clin Pract* **43:** (2) Suppl 66 52 4 Williams D L *et al.* (1979) *J Int Med. Res* **7:** 551

RECKITT & COLMAN PRODUCTS

You can't hide the facts!

Tagamet 100 cimetidine

	Tagamet 100 (cimetidine)	Other OTC H_2 Antagonists
Is ***approved*** for OTC use.	✓	✓
Should not be taken by anyone taking any other medication unless on the advice of their doctor.	✓	✓
Its active ingredient is one of the ***most prescribed*** medicines of all time.	✓	✗
Its active ingredient has changed the lives of over ***77 million*** people worldwide.	✓	✗
Is indicated for the ***prevention*** of nocturnal heartburn.	✓	✗
Is supported by a promotional campaign in excess of ***£6.5M.***	✓	✗

Tagamet 100 cimetidine

To Eclipse the pain of Heartburn



Product Information: **Presentation** White elliptical film coated Tiltab tablet containing 100 mg cimetidine. **Dosage and administration** *Adults (incl. the elderly), children 16 years and over:* Relief of heartburn, dyspepsia, hyperacidity: Two tablets with water when symptoms appear. If symptoms persist for more that 1 hour after the first dose, a second dose may be taken, but no more than 4 tablets in any 4 hours and no more than 8 tablets in any 24 hours. Prophylactic management of nocturnal heartburn: One tablet with water one hour before bed time. In all cases, not to be taken for more than two weeks. If symptoms persist for more than two weeks or recur regularly, a doctor should be consulted. *Not to be given to children under 16 years of age.* Use Short-term symptomatic relief of heartburn, dyspepsia, hyperacidity. Prophylactic management of nocturnal heartburn. Contra-indications Hypersensitivity to cimetidine or any of the excipients. **Precautions** Not recommended in patients: with impaired renal function, hepatic impairment; taking oral anticoagulants, phenytoin, theophylline, intravenous lignocaine; middle aged or older patients with new/changing dyspeptic symptoms, any patients with unintended weight loss and dyspeptic symptoms, because of potential delay in diagnosis of gastric cancer; with a history of peptic ulcer and on NSAIDS, esp. elderly; with compromised bone marrow; in pregnancy and lactation, with any other illness using any medication, under medical supervision for other reasons. **Adverse reactions** Diarrhoea, dizziness, rash, tiredness. Gynaecomastia, occasional liver damage, confusional states (usually in the elderly or very ill), all reversible. Rarely thrombocytopenia, leucopenia, sinus bradycardia, tachycardia and heart block, all reversible aplastic anaemia, pancytopenia and anaphylaxis. Reports of alopecia and very rarely reports of reversible impotence but no causal relationship has been established at usual prescribed therapeutic doses. **Product licence number** 0002/0230. **Retail Price** Tablet (12's) £2.29, (24's) £3.99. **Legal category** P. **Date of preparation** 9 March 1994. 'Tagamet' and 'Tiltab' are trademarks.

SmithKline Beecham Consumer Healthcare, SB House, Brentford, Middlesex TW8 9BD
Telephone number: 081-560 5151

*Tagamet is a registered trademark of Smith Kline & French Laboratories Limited

SB SmithKline Beecham Consumer Healthcare

Pharmacy update

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The issues governing cholesterol and heart disease risk i

Endometriosis
How pharmacists can help diagnose the condition iv

The importance of diet in illness
The consequences of poor nutrition viii

Lipid levels and heart disease

Drug information specialist Steve Chaplin investigates the therapeutic issues surrounding hyperlipidaemia and the risk of heart disease and determines the need for drug treatment

As the serum concentration of total cholesterol rises, the risk of ischaemic heart disease increases (see table 1)[1]. This strong and continuous association is virtually all due to the cholesterol transported on low density lipoprotein (LDL), accounting for 75 per cent of the total.

The bulk of evidence to show this has been gathered in men. Women are at lesser risk before the menopause and the value of drug treatment is less certain. After the menopause their risk increases steeply. The appropriate treatment may then be hormone replacement therapy, and the role of hypolipidaemic drugs is not yet clear[2].

Serum concentrations of high density lipoprotein (HDL) cholesterol are inversely associated with the risk of ischaemic heart disease. This is because HDL is the protein which transports cholesterol from the periphery to the liver for catabolism.

Serum triglyceride concentrations are not associated with an increased risk of heart disease, though they are linked with low levels of HDL cholesterol and they do contribute to plaque formation. Very high levels of triglycerides are associated with an increased risk of pancreatitis.

Lowering levels

A high cholesterol level is one risk factor for heart disease. Others include:

- smoking
- hypertension
- lack of exercise
- family history of heart disease
- obesity.

According to the British Hyperlipidaemia Association[2], the main aim of treating someone with a high lipid level is to reduce the risk of developing premature vascular disease (primary prevention) or, in people who already have vascular disease, to lower the risk of recurrence of vascular events. Strategies to lower cholesterol should therefore always be part of a programme to reduce all risk factors.

Hyperlipidaemia may be primary (eg familial hypercholesterolaemia) or secondary to chronic disease (diabetes, renal dysfunction), poor nutrition (anorexia nervosa), pregnancy or drug treatment (see table 2).

In many cases of secondary disease, even correct management of the underlying condition may not prevent hyperlipidaemia, and drug treatment to lower blood cholesterol may be needed.

A recent analysis of 21,515 men who attended the BUPA clinic in London concluded that reducing total serum cholesterol by 10 per cent (0.6 mmol/l in a population with an average level of 6 mmol/l) would reduce mortality from ischaemic heart disease by 24 per cent[3].

This gain is greater than epidemiological studies have previously suggested and it strengthens the link between high cholesterol levels and heart disease.

This analysis also found that mortality from any cause was reduced by 10 per cent, whereas other studies have found no effect or even an increase in non-cardiovascular deaths. However, the study's methodology has provoked controversy and its conclusions are not yet fully accepted[3,4].

Lowering cholesterol also cuts the risk of ischaemic heart disease itself — a reduction of 0.6 mmol/l reduces the risk of disease by 50 per cent at age 40, falling to 20 per cent at age 70[5].

Targets for intervention

The BHA has set two targets for treatment[2]. For primary prevention, the total plasma cholesterol concentration should be below 5.2 mmol/l and LDL cholesterol should be 4.1 mmol/l or lower. To achieve regression in people with established vascular disease, LDL cholesterol should be 3.4 mmol/l.

The level of intervention is determined by the presence of other risk factors and the total cholesterol concentration. A low fat diet is essential. At 5.2-6.5 mmol/l, counselling on changing life style and diet are recommended.

At 6.5-7.8 mmol/l, diet should achieve the required reduction, but if it fails, or if other risk factors are present, drug treatment should be considered. At levels greater than 7.8 mmol/l, diet will still be effective in many cases, but more people will benefit from drug treatment.

Drug risks

Controversial evidence suggests that hypolipidaemic agents may increase the risk of death from non-cardiovascular causes.

One of the first large trials of lipid-lowering therapy was the WHO Co-operative Trial of primary prevention of ischaemic heart disease with clofibrate. This found that, although non-fatal heart attacks were reduced, treatment was associated with a 44 per cent increase in mortality compared with placebo.

The increased risk was confined to the period of clofibrate treatment and death was not due to a single cause, but to various non-circulatory diseases including cancers[6].

In 1990, a meta-analysis of six trials found that lowering cholesterol levels with drugs or diet was associated with an increase in the risk of death from accidents, suicide or violence[7]. A more detailed analysis subsequently placed the blame squarely on drug treatment, suggesting that further supporting evidence was required before their use in the primary prevention of heart disease could be justified[8].

Recently, the most detailed

Continued on pii

Table 1: cholesterol and ischaemic heart disease

Mean total cholesterol (mmol/l)	Mean LDL cholesterol (mmol/l)	Age adjusted mortality from ischaemic heart diseases (per 1,000 man-years)
5.0	3.3	1.11
5.6	3.9	1.57
6.1	4.3	1.86
6.5	4.7	2.01
7.2	5.3	3.11

(adapted from *Br Med J* 1994;**308**:363-6)

High-dose thiazide diuretics
Beta-blockers (with no alpha-blocking activity, no intrinsic sympathomimetic activity, and no vasodilator properties)
Corticosteroids
Sex hormones
Retinoids

Continued from p1

meta-analysis yet — of the ten largest cohort studies, two international studies, 28 randomised trials plus unpublished data — arrived at the opposite conclusion[9]. The link with non-cardiovascular deaths was due to chance association with concurrent illness (depression lowers cholesterol and increases the risk of suicide, for example).

Death was more common in men who received less drug treatment, and there is no plausible hypothesis to account for the association. Only haemorrhagic stroke emerged as a greater risk with treatment, and then only in people with hypertension and a serum cholesterol level lower than 5 mmol/l.

This disadvantage is outweighed by the scale of the benefit from treatment, the authors concluded.

Again, this has provoked controversy and the analysis has been criticised for disregarding contradictory data[10]. Specialists have yet to reach a consensus on the possible risks of hypolipidaemic agents.

Hypolipidaemic drugs

Drug treatment of hyperlipidaemia[2,11,12] may continue for life and should not be undertaken lightly, according to the latest British Hyperlipidaemia Association guidelines[2].

In general, drugs are reserved for people at high risk in whom life style changes have not proved successful. Those at particular risk are people with existing vascular disease, multiple risk factors, or severe familial hyperlipidaemias. Drug selection is made according to the type of hyperlipidaemia (see table 3).

Treatment with diet and hypolipidaemic agents not only reduces blood concentrations of LDL-cholesterol, but also reduces progression of atherosclerosis and promotes regression of atheromatous plaques by up to one-third compared with controls.

• Resins

The anion exchange resins cholestyramine and colestipol are the oldest hypolipidaemic agents and their long-term efficacy and adverse reaction profile are well established.

They are hydrophilic, but not soluble in water and not absorbed from the gastro-intestinal tract. They irreversibly bind and prevent the absorption of bile acids in the gut. This leads to an increase in the synthesis of bile acids from cholesterol by the liver.

However, the increased utilisation of cholesterol is partly countered by a small increase in cholesterol synthesis. Although HDL cholesterol increases slightly, triglycerides also increase during resin treatment.

The resins can be used alone or in combination with other drugs, but compliance is a problem. At higher doses they cause nausea, bloating, flatulence and constipation. Reduced doses (5-15 g/day colestipol) are effective in lowering modestly raised cholesterol levels.

The resins may impair the absorption of other drugs, and although reduced vitamin absorption is rarely a problem, folate levels should be monitored in pregnant women and in children.

• Probucol

Not structurally related to other hypolipidaemic agents, probucol lowers cholesterol by about 15 per cent. Unfortunately, HDL is also reduced by up to 25 per cent and triglycerides are unchanged, so probucol is not recommended as a first-line agent.

Its mechanism of action is uncertain. It appears to reduce the absorption and enhance the elimination of cholesterol, though it may exert an additional anti-atherogenic effect by inhibiting lipid oxidation.

Probucol is lipophilic and is detectable in fat six months after treatment has ended. Care is therefore needed in women of childbearing age. Common adverse effects include diarrhoea and flatulence.

• Fibrates

Despite early evidence that clofibrate causes gall stones and was associated with increased mortality, the fibrates have emerged as drugs of choice in many hyperlipidaemias.

They reduce triglycerides by up to 50 per cent and increase HDL cholesterol by up to 20 per cent. Their effects on total and LDL cholesterol vary depending on the nature of the hyperlipidaemia, but LDL may fall by up to 25 per cent. Their precise mechanisms of action are uncertain.

The fibrates are convenient to take — one or two daily doses are sufficient — and well tolerated. There is good evidence of the long-term safety of gemfibrozil.

Common adverse effects include gastro-intestinal reactions. Rare effects include myositis and abnormal liver function, but these are most likely in patients with impaired renal function. Unusually, fenofibrate reduces serum uric acid levels (hyperuricaemia is a risk factor for coronary artery disease).

• Nicotinic acid

More popular in the United States than the UK, nicotinic

Continued on p iv



The omega-3 fatty acids present in fish oils reduce triglyceride levels

Table 3: drug therapy & type of hyperlipidaemias

Type	severity*	1st choice	2nd choice
Type IIa	moderate	resin	fibrate
	severe	statin resin + statin	probucol
Type IIb	moderate	fibrate	nicotinic acid or acipimox
	severe	resin + fibrate or statin	
Type III	usually severe	fibrate	statin
Type IV	moderate	fibrate	nicotinic acid or acipimox
	severe	fibrate + nicotinic acid or acipimox	
Type V	always severe	fibrate + nicotinic acid or acipimox	fish oil

* severe = serum cholesterol > 7.8 mmol/l or fasting triglyceride > 4.5 mmol/l, especially if occurring together or when HDL cholesterol is < 1 mmol/l

THE LIBERATOR

Pepcid® AC is Britain's first OTC H2 antagonist, giving you - the pharmacist - important new power to liberate your customers from the pain and discomfort of heartburn, dyspepsia and excess acid.

As other H2 antagonists follow, the special benefits of Pepcid AC will become even clearer:

UNSURPASSED EFFICACY

Pepcid AC sets a new standard in acid control. Just one small tablet can control your customer's excess acid for up to 9 hours[1]. Ensuring lasting relief from the recurrence of excess acid related problems.

UNSURPASSED CONVENIENCE AND SAFETY PROFILE

The 1 tablet dosage regime of **Pepcid AC** is simple and clear. You can recommend it with confidence. **Pepcid AC** has an excellent safety profile, with the advantage of no clinically significant drug interactions.

UNSURPASSED BASIC PROFIT ON RETURN

Pepcid AC offers not only competitive retail pricing for your customers, but also a 33% basic profit on return on both 6 & 12 pack sales.

UNSURPASSED PHARMACY-ONLY SUPPORT

Pepcid AC puts the pharmacist first - first with product information, first with training materials, first with stock and first with display materials.

Pepcid AC is the first H2 antagonist to be advertised on TV in Britain, with a national campaign combined with comprehensive magazine advertising.

Yet again you will be the first to benefit.

CENTRA HEALTHCARE
A JOHNSON & JOHNSON · MSD CONSUMER PHARMACEUTICAL COMPANY

EFFECTIVE RELIEF FROM HEARTBURN, DYSPEPSIA AND EXCESS ACID

Pepcid® AC
ACID CONTROL
famotidine

One small tablet controls excess stomach acid for up to 9 hours

Easy to Swallow
6 TABLETS

UNSURPASSED ACID CONTROL

AC (Abridged Product Information) Product Information - PEPCID coated tablets containing famotidine 10mg. **Pack Size:** 2, 6, 12. Adults and children over 16 years: 1 tablet for symptomatic relief or 1 en one hour before food or drink known to provoke symptoms. intake 2 tablets in 24 hours. Maximum period of use 2 weeks. **Uses:** ort term symptomatic relief of heartburn, dyspepsia and hyperacidity. **dications:** Hypersensitivity to any component. **Warnings and ns for Use:** Should not be taken unless advised by a physician by the following patient groups: moderate renal failure or severe hepatic impairment; under medical supervision for any other illness or need for any other medications; middle aged or over with new or recently changed dyspeptic symptoms, or associated unintended weight loss. Patients with persistent symptoms or difficulty swallowing should seek medical advice. **Drug Interactions:** No drug interactions of clinical significance have been identified. **Side Effects:** Generally well tolerated. Headache and dizziness have been reported at a frequency ≥ 1%. Other side effects, including dry mouth, nausea, constipation, diarrhoea, fatigue and allergic reactions occur even less frequently. **Pregnancy:** Not recommended for use in pregnancy. **Overdosage:** No experience to date with overdosage. Doses up to 800mg/day for over 1 ye were well tolerated in patients with severe hypersecretory conditions. **Produ Licence Number:** PL 0025/0312. **Product Licence Holder:** Merck Sharp Dohme Limited, Hertford Road, Hoddesdon, Hertfordshire, EN11 9BU. **RSP:** tablets £0.75, 6 tablets £1.99, 12 tablets £3.59. P Pharmacy only distributio **Distributed by: CENTRA HEALTHCARE, Enterprise House, Loudwater, Buck HP10 9UF. References:** 1. Laskin OL, MD, Patterson PM, RN, BA, Sumik Shingo, MS, Lasseter KC, MD, Cooper Shambleh, E, BA. J. Clin. Pharmac 1993; 33: 636-639. ® Indicates registered trademark of Merck & Co., In Whitehouse Station, N.J., U.S.A. © Centra Healthcare 1994. All rights reserved.

Continued from pii

acid reduces total and LDL cholesterol and triglycerides, and increases HDL cholesterol.

Its mechanism of action is not understood but appears to include inhibition of lipolysis in adipose tissue, reduced triglyceride esterification, and increased activity of lipoprotein lipase.

It is relatively poorly tolerated, causing flushing, nausea and vomiting, and rash. It may also exacerbate gout and impair glucose intolerance (a significant problem when hyperlipidaemia is a complication of diabetes mellitus).

Acipimox is better tolerated than nicotinic acid, but has reportedly lesser impact on cholesterol levels.

- **Statins**

There are now three statins — pravastatin, simvastatin and fluvastatin — and no clear evidence to date that any offers therapeutically significant advantages over the others.

Two-thirds of the body's cholesterol is newly synthesised in the liver. The rate limiting step in this process is the conversion of 3-hydroxy-3-methylglutaryl coenzyme A to mevalonic acid. This is catalysed by the enzyme HMGCoA reductase, which is potently and competitively inhibited by the statins.

The fall in cholesterol levels leads to an increase in LDL receptors, increasing the uptake and reducing blood levels of LDL cholesterol by 30-40 per cent. Triglycerides are also reduced and there is a small increase in HDL cholesterol. (Interestingly, the statins are ineffective in people homozygous for familial hypercholesterolaemia because they have no LDL receptors.)

The statins have been described as a major advance in therapy. Very large reductions in cholesterol can be readily achieved within four weeks using a single daily dose.

When the statins are combined with a resin, LDL cholesterol may be reduced by as much as 60 per cent. These agents are also well tolerated, with rare cases of myositis being the only serious adverse effect to date, though there is evidence that combining a statin with gemfibrozil or nicotinic acid may increase the risk of myopathy.

Initial concern that the risk of lens opacities may be increased has not been substantiated. However, long-term experience is still limited compared with that accumulated with other hypolipidaemic agents.

At present, simvastatin and fluvastatin are restricted to patients in whom total cholesterol is 6.5 mmol/l or greater, and pravastatin to levels of 7.8 mmol/l or more.

- **Fish oils**

The omega-3 fatty acids, eicosapentaenoic acid and decosahexaenoic acid (Maxepa), reduce the synthesis of very low density lipoprotein (VLDL) by the liver and reduce triglyceride levels. They have no beneficial effect on cholesterol and in mild hypertriglyceridaemia they may increase LDL cholesterol. These agents are therefore reserved for the treatment of severe hypertriglyceridaemia.



Hypolipidaemic agents

bile acid sequestrants	cholestyramine colestipol	20-30% decrease in LDL; triglyceride, VLDL and intermediate DL increase
nicotinates	nicotinic acid acipimox	20% decrease in LDL and VLDL also falls; HDL rises
fibrates	bezafibrate ciprofibrate clofibrate fenofibrate gemfibrozil	10-25% decrease in LDL; reduce VLDL and triglycerides and increase HDL
statins	fluvastatin pravastatin simvastatin	up to 40% decrease in LDL; triglycerides fall and HDL increases
fish oils	omega-3 marine triglycerides	reduce triglycerides and cholesterol
other	probucol	10% decrease in LDL; HDL may decrease; no effect on triglycerides

Classification of hyperlipidaemias

The Frederickson/ World Health Organisation system is the most widely used classification of hyperlipidaemias. It defines six types according to the lipid fractions that are elevated.

Plasma lipid	Type I	Type IIa	Type IIb	Type III	Type IV	Type V
Cholesterol	↑	↑↑	↑↑	↑↑↑	↑/ normal	↑
triglyceride	↑↑↑	normal	↑↑	↑↑	↑↑	↑↑/ ↑↑↑
chylo-microns	↑↑	-	-	↑	-	↑↑
VLDL	normal	normal	↑↑	↑	↑↑	↑↑
LDL	low	↑↑	↑↑	low	normal	low

Classification

The Frederickson/World Health Organisation system is the most widely used classification of hyperlipidaemias. It defines six types according to the lipid fractions that are elevated.

A further widely used classification is made according to the genetic basis of hyperlipidaemia.

A further widely-used classification is made according to the genetic basis of hyperlipidaemia:

Type of hyper-cholesterolaemia	cholesterol	triglyceride	lipoprotein raised	relative prevalence	WHO type
familial	↑↑↑	↑/normal	LDL	++	IIa, IIb
familial combined	↑	↑	LDL, VLDL	+++	ILa, IIb IV
familial hyper-triglyceridaemia	↑	↑↑↑	VLDL, chylomicrons	+	IV, V
common	↑	normal	LDL	++++	IIa

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Endometriosis

If a woman's periods become increasingly painful, it could be a signal that she suffers from endometriosis. How can pharmacists help diagnose the condition? The symptoms, causes and treatments for this puzzling disease are described by Trudy Thomas, a part-time training officer at the NPA, local tutor for the Centre for Pharmacy Postgraduate Education and community pharmacy locum

Endometriosis is a disease affecting women in their reproductive years where tissue similar to the endometrium (the lining of the uterus) is found outside of the uterus, in other areas of the body, and forms growths.

These growths are commonly found in the abdomen, the ovaries, fallopian tubes and on the ligaments supporting the uterus. Sometimes growths can also be found in abdominal surgery scars, on the intestines, in the rectum, or in the bladder, vagina or cervix. Endometrial growths are generally not malignant, they are just a normal type of tissue in the wrong location.

Even in the wrong place, endometrial growths respond to the hormones of the menstrual cycle. They build up tissue each month, break down and cause bleeding. This blood loss, however, unlike that lost by the uterus, has no route for escape and the result is internal bleeding, which leads to inflammation of the surrounding areas and scar formation. In some cases, the growths may rupture and so spread the endometriosis to new areas.

Painful signs

The most common symptom of endometriosis is pain before and/or during a period. Pain is often experienced during and after sexual intercourse. The degree of pain is not always related to the visible number of endometrial growths. Some women with only a few, small growths will experience severe and incapacitating pain, while others, with extensive disease, will be pain free. Other symptoms depend largely on the site of the disease (table 1).

The effects of the disease on the lives of sufferers can be far-reaching. Some may be forced to give up work and life styles are often restricted. Another serious consequence of the disease is infertility, with about 30 to 40 per cent of women with endometriosis being infertile[1].



Table 1: Commonly reported symptoms of endometriosis

Painful periods
Painful ovulation
Painful intercourse
Infertility
Heavy or irregular bleeding
Diarrhoea and/or constipation
Painful bowel movements/urination
Fatigue
Insomnia as a result of pain
Depression
Mood swings
Low back pain

Causes

Exactly what causes endometriosis is not known and although there are several theories, none of them can account for all cases.

One theory is retrograde menstruation, where some of the menstrual tissue flows backwards into the abdomen via the fallopian tubes during a period. It is thought that this may be a process that occurs in all women, but that it is an immune system and/or hormonal problem that allows this tissue to implant and grow in endometriosis sufferers.

Another theory suggests that as the embryo develops in the uterus, some endometrial cells may be misplaced or that some adult tissue retains the ability it had as an embryo to develop into reproductive tissue under certain circumstances.

More research is being carried out to test these theories and to look for new causes.

Diagnosis

Even if symptoms point to endometriosis, a definite diagnosis is not usually given until laparoscopy has been performed. This is a minor surgical procedure where a small incision is made into the abdomen, which has been distended with carbon dioxide, and a laparoscope (tube with a light in it) is inserted to check the condition of the abdominal organs.

Laparoscopy can indicate the locations, extent and size of growths and assist in decision making regarding treatments and possible pregnancies.

It is worth noting that many people still regard endometriosis as a disease only found in women in their 30s to 40s, especially in those who have delayed having children (the so-called "career woman's disease").

Although is is undoubtedly diagnosed more frequently in this age group, it is now becoming clear that the majority of women suffer from symptoms as early as their teenage years. Thus it is important for pharmacists to be aware of this and refer young girls who repeatedly complain of increasingly painful periods for further investigation.

Drug treatments

- **Analgesics**

A variety of analgesics are used to treat the pain of endometriosis. Non-steroidal anti-inflammatory drugs can be

effective, mainly due to their anti-prostaglandin effect.

The precise role of prostaglandins in endometriosis is unclear, but over-production of a prostaglandin, leading to dysmenorrhoea, commonly precedes the condition. Many of the symptoms of endometriosis can be attributed to prostaglandin activity.

In cases where pain is very severe, women may be prescribed narcotic analgesics.

• Hormone treatment

Because endometriotic tissue relies on ovarian steroid hormones, especially oestrogen, for growth, hormone treatment aims to stop ovulation for as long as possible, to try to force endometriosis into remission. This may be successful for the duration of treatment and for some months or years afterwards. However, in most women the disease will recur.

Hormone treatments include oestrogen and progesterone in combination, progesterone alone, a testosterone derivative (danazol) and gonadotrophin releasing hormones.

• Oestrogen and Progesterone

Although high-dose contraceptives are used continuously, or with only occasional withdrawal bleeds, to treat endometriosis, the success rate of this regime is still a subject of debate.[2]

Progestagens, both those derived from progesterone (eg medroxyprogesterone, dydrogesterone) or norethisterone have been given in endometriosis, either on a cyclical basis or continuously.

They are thought to work by converting proliferative endometrial tissue to the secretory phase, leading to atrophy. They also enhance the negative feedback effect of oestrogen at the hypothalamus, leading to a reduction in oestrogen production.

• Danazol

Danazol is presently the most commonly used drug for endometriosis. It is a synthetic testosterone derivative which depresses the activity of the reproductive tract in women. Exactly how it does this is not known, but once ovulation is suppressed the endometrial tissue inside and outside the uterus becomes inactive, decreases in size and wastes away.

The dosage of danazol given for endometriosis ranges from 400 to 800mg a day. The exact regime will depend on the preference of the prescriber, some choosing to start at a low dose and then increase, whilst others prefer to start the dose high and then reduce.

While taking danazol, non-hormonal contraception must be used because of the potential for serious damage to the foetus. It is recommended that women start the drug during their period to avoid any risk of pregnancy.

Danazol is associated with a number of side-effects (table 2) and some patients may be unable to tolerate the drug because of them. Anyone reporting virilisation side-effects should have therapy withdrawn, as these effects may prove irreversible.

Although danazol is highly effective at reducing the pain of endometriosis, many women report symptoms returning on stopping the drug. The long-term effects of danazol therapy have yet to be evaluated.

Gestrinone has general actions similar to danazol and has recently been introduced for the treatment of endometriosis.

• Gonadotrophin releasing hormone agonists (GnRH, also called gonadorelin analogues)

This drug group includes buserelin, goserelin, leuprorelin and nafarelin.

Gonadotrophin releasing hormone is the messenger that carries the signal from the hypothalamus to the pituitary gland to trigger release of follicle stimulating hormone (FSH) and luteinising hormone (LH), which then travel to the ovaries, setting off a chain of events that cause the ovaries to ovulate and produce oestrogen and progesterone.

In endometriosis, the GnRH analogues are given at high dose, often by nasal spray. The initial effect is to cause FSH and LH to increase dramatically, but after a few hours the pituitary seems to become overloaded and "desensitised", causing it to stop production of FSH and LH.

So far, the results of trials of these drugs show that they offer an effective alternative to medical treatment for patients with endometriosis, with the menopausal-like side-effects generally being better tolerated than with danazol[3,4,5] A huge amount of research is still needed into the drugs, especially their long-term effects.

Surgical treatments

The success of surgery as a treatment for endometriosis varies considerably. The existing data is inconclusive and more studies are needed.

• Conservative surgery

This aims to restore normal pelvic anatomy and eliminate active disease. Sometimes it involves the removal of one ovary and fallopian tube. New developments in laser laparoscopy, where individual growths are removed, are becoming more widespread in the USA, and may well follow in this country. US surgeons are claiming high success rates with these treatments, but data is scanty at present.

• Radical surgery

This involves hysterectomy and removal of the ovaries. It is not usually considered unless symptoms are severe and other treatment methods, including one previous conservative surgery, have proved unsuccessful.

A problem presents itself in that young women who have had the menopause brought about early by surgery would benefit from hormone replacement therapy, but there is the possibility that oestrogen replacement will cause the endometriosis to recur.

In some cases, 6-12 months of progestagen are given to reduce menopausal symptoms before more standard hormone replacement therapy is given.

Today surgical and medical treatments are often combined, but there is much debate over the timing of both treatments to get the best results and more work is needed in this area.

Nausea	Weight gain
Dizziness	Backache
Muscle cramps	Water retention and bloating
Hot flushes	Dry vaginal lining
Depression	Mood swings
Decreased breast size	Unwanted facial hair
Oily skin	Deepening of the voice
Acne	Hair loss

Alternative remedies

Alternative treatments are often sought by endometriosis sufferers, for whom conventional methods are proving unsuccessful. Research is being carried out into the role of diet in the management of the disease and also into treatment with dietary supplements — vitamin B and evening primrose oil are both attracting interest at the moment. Some patients have found relaxation techniques, acupuncture, homoeopathy, exercise and massage of some use.

Because pregnancy often causes a temporary remission of symptoms and because infertility is more likely the longer the disease is present, women who want children are often advised not to delay pregnancy. However, a "prescription for pregnancy" is not always practical or appropriate. In addition, pregnancies of women with endometriosis carry a higher risk of ectopic pregnancy and miscarriage and this needs to be considered.

Infertility

The reasons for infertility in endometriosis are not known, although damage to, and scar tissue on, ovaries and fallopian tubes, irregular periods, painful sex and prostaglandin activity are all contributing factors. The more severe the disease, and the longer it has been present, the more likely it is that the woman will be infertile, although some women with only mild disease are unable to conceive.

The success of the treatments already outlined vary with respect to infertility and no conclusive data exists. There are problems if pregnancy occurs while the patient is on hormone therapies and surgery itself can actually create adhesions which can further contribute to infertility. Just because one pregnancy has occurred while the patient has endometriosis, does not mean that further pregnancies are assured in the future.

Once a woman conceives, the pregnancy will almost certainly relieve the endometriosis, but frequently it recurs after the birth. One way to lengthen the remission is to breast feed the baby.

The future

One thing that comes across very strongly when considering endometriosis is the lack of concrete knowledge about all aspects of the disease and its treatment.

Work is being carried out at the moment on links between endometriosis and candidiasis, and on the incidence of heart conditions in sufferers of the disease.

The immune system/ prostaglandin involvements are also attracting great interest. In terms of diagnosis of the disease there are possibilities for both blood tests and ultrasound techniques to be developed.

Treatment options should present themselves as more is learnt about this puzzling disease.

Community pharmacists are in a good position to identify customers of all ages repeatedly buying analgesics for painful periods, can question customers carefully and refer when they think endometriosis is a possibility. Pharmacists can counsel patients with confirmed endometriosis about their drug therapy, especially possible side-effects, but above all can offer sympathy and understanding.

Pharmacists may like to refer sufferers to:

• The Endometriosis Society, 35 Belgrave Square, London SWLX 8QB. This charity funds research and offers information and support for sufferers.

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The importance of diet in fighting disease



Nutrition is an underestimated tool in the treatment of illness. It can be "a positive contribution to NHS cost containment", declared a recent scientific workshop in London. Jo Grimes reports

Undernutrition is a result of a substantially inadequate diet. It is generally thought of as a condition of the poor and starving in the Third World and developing countries.

Surprisingly, however, undernutrition has been exposed as a common and often poorly acknowledged consequence of disease in this country.

It is known that a normal adult can survive for about two months without food, although the survival time can be substantially longer in obese individuals. A normal full-term baby survives about four weeks without food, but a premature baby born at 26 weeks will only survive four days without nutrition.

Intensive care

In an intensive care situation, patients have a restricted calorie intake, either because they are unable to eat normally (for example, after a stroke or facial injury) or they have a reduced appetite as a result of disease or its treatment. For example, after surgery or major burns, the body is in need of extra nutrition.

The lack of calories during recovery from disease states severely limits the ideal recovery opportunities for the body. Enteral or parenteral feeding would benefit such patients.

The need for nutrition following disease can be clearly seen in patients being weaned off artificial ventilators. Such patients use as much as 25 per cent of their energy expenditure just breathing, compared with a normal, healthy person who only uses around 2 per cent for the same task.

Other bodily functions have been shown to deteriorate as a result of undernutrition. These include cardiac and sexual functions, immune function (predisposing to possible infection) and thermoregulation (predisposing to hypothermia).

Undernutrition, even when it does not result from a disease state, can lead to depression, irritability, anxiety, reduced ability to concentrate, reduced sexual drive and poor personal relationships.

All these disturbances are reversed by re-feeding. Accidents and falls can also be attributed to undernutrition in some circumstances.

Any person with more than a 10 per cent weight loss associated with illness will show measurable defects in muscle strength, respiratory function, resistance to infection, wound healing and a delayed recovery from illness.

Nutrition teams

The King's Fund Centre report, conducted 18 months ago, revealed many patients with malnutrition and focused on nutrition as a standard part of patient care. Teams have been developed to lead a multi-disciplinary approach towards nutritional support as a result of the report. The team approach involves doctors, nurses, dietitians and pharmacists.

"Hospitals are finding that malnutrition is often a consequence of disease, but should not be inevitable," said Professor John Lennard-Jones, author of the report.

At Manchester's Christie Hospital, a scheme initiated by dietitians involves two nurses taking responsibility on each ward for patients' nutritional care. They form the link between the patients, dietitians and catering staff.

However, only one third of UK hospitals have expert nutrition teams, despite a possible saving of £80,000 each year through the team, says Dr Simon Allison, consultant physician at the Queen's Medical Centre, Nottingham.

In one study, 28 per cent of patients developed septicaemia following intravenous nutrition without the supervision of a nutrition team. At hospitals where nutrition teams practise, the level of such complications drops to less than 3 per cent.

Simple assessment and monitoring will avoid malnutrition — not only in the hospital, but in the community too. Hospital initiatives need to be closely matched in the community, with the GP acting as a positive link between the nutritional care provided by the hospital and continued community care, to ensure optimum nutritional support for the patient, once discharged.

Community care

In the community, prescriptions presented for nutrition will not only be for the elderly, but for those suffering chronic conditions such as cancer, Crohn's disease and cystic fibrosis.

The latest data shows almost a doubling of home enteral nutrition over a 12-month period, with 353,000 patient days of home enteral feeding in 1992, compared to 193,000 in 1991, and further increases in patient numbers are predicted for 1993 and 1994.

With an increasingly ageing population the emphasis on nutritional support is likely to become more important in the next decade — over the next 40 years the number of people over 85 years of age is predicted to double.

Problems for the elderly include the increased use of drugs which can interfere with nutrition, such as laxatives. In addition, many of the elderly are housebound or live far from shops, which makes buying fresh food more difficult. It has also been suggested that many elderly people living alone do not look after themselves as well.

A survey conducted by Dr Valda Bunker of Portsmouth University showed a considerable degree of undernutrition among the elderly in the community. A balanced nutritional supplement was given to one group, with the other group receiving a placebo. The group taking the supplement showed improved zinc, selenium, B12 and folate status. The immune function was also shown to benefit from the supplementation. Morale improved and depression was reduced in all cases — even the placebo group.

Which form?

Nutritional supplementation is available in many forms.

- **Supplements and sip feeds**

Taken orally, these provide additional energy and/or proteins, vitamins or minerals when food intake is inadequate. They are useful pre- and post-operatively, when recovering from traumas such as burns, in the treatment of anorexia, and malabsorption disorders such as Crohn's disease.

- **Enteral nutrition**

Enteral nutrition is a liquid feed passed directly into the gastro-intestinal tract via a narrow, flexible tube. Whole protein foods which require full digestion or chemically pre-digested foods can be fed by this route, depending on the condition of the patient.

- **Total parenteral nutrition**

TPN delivers liquid nutrients directly into the circulation through a vein. TPN is used in patients when complete rest of the gut is required, when it is not functioning correctly, or if there is an obstruction. TPN is expensive and can result in serious complications. Infections can occur during feeding and the by-passing of the stomach means that the metabolic and hormonal functions of the gut are also by-passed.

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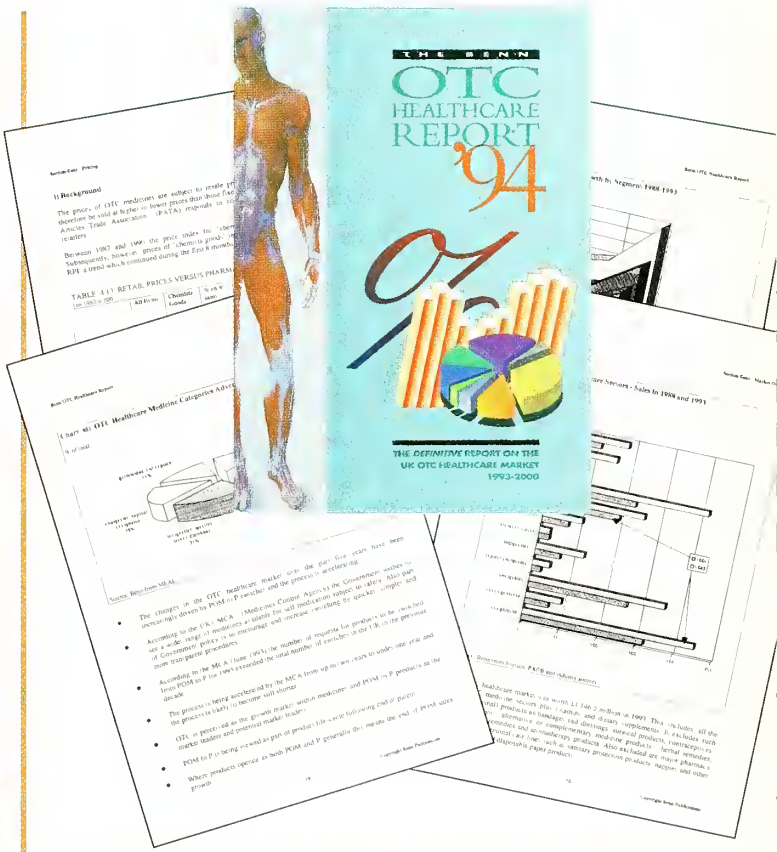
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Correct contributions



Getting your National Insurance Contributions in order is made even more difficult when locums are involved. Warren Gordon explains how to stay on the right side of the Contributions Agency

Running a pharmacy is never easy. The last thing you need is large unexpected bills. Yet National Insurance Contribution payments are emerging as a key problem for people with their own pharmacy business.

The recent creation of the Government's Contribution Agency will mean that there is every chance of your practice being inspected. The Agency will be particularly interested in payments to your casual and self-employed staff, and how you deal with business expenses. You should do everything you can to avoid underpayment.

During a routine inspection, the Contributions Agency will review your books and records to ensure that the correct amount of employees' and employer's NIC has been paid. Here are some of the prime areas of concern.

Casual staff

Do you employ casual staff? If so, it is important that you keep proper records of the staff receiving payment.

If the weekly salary was below £56 to 5 April 1994 or £57 after 6th April 1994, then there will be no NICs payable. However, if there is only one entry in your cashbook showing "casual £250" then you could be liable for NICs on that amount as a weekly salary.

Better still, make sure all staff without P45s complete and sign a P46 stating that this is their main or only job. You will need this form for the Inland Revenue anyway.

Self-employed

Be very careful when a person provides you with a locum service if they state they are self-employed. The self-employed pay only half the amount of NICs compared with the employed. As an employer you will be paying up to 10.4 per cent of an employee's salary as NICs.

Clearly, if the Contributions Agency can prove that a self-employed person you are paying is employed, then they will get more NICs.

You need to get the following evidence to support the locum's claim to be self-employed:

- The person's Inland Revenue self-employed reference number and district
- A copy of the annual statement from the Contributions Agency showing that the person is paying Class 2 NICs for the self-employed.

There is a complication here, however. A person may be self-employed for one type of work, but employed for another. In general, a person is self-employed if they can answer "Yes" to the following questions:

- Do they determine how their business is run?
- Do they risk their own money in the business?
- Are they responsible for meeting losses as well as taking profits (try suggesting that one to your staff)?
- Do they provide the major items of equipment they need for the job, not just the incidentals?
- Are they free to substitute and pay others to provide the service?
- Is unsatisfactory work corrected in their own time and at their expense?

However, if they answer "Yes" to any of the following questions, the person in question is likely to be seen to be an employee:

- Can the person delegate his/her work?
- Can they decide the time and day when the work is to be carried out? Are they paid by the hour, day, week, etc?
- Do they get overtime? If they are paid by commission or piecework, they may still be employees.
- Do they work at the premises of your choice?

Another point to consider is that of insurance. Is your pharmacy covered for the professional negligence of non-employees?

Expense payments

Further problems are encountered with expense payments. If the business settles an employee's liability, then NICs should be paid on the amount settled. This problem usually occurs with the payment of private telephone bills, a common event is where a company is involved and the director's home telephone bill is paid. The only way round this is to put the bill in the name of the business.

Remember that NICs are now payable on cars and fuel for private use provided to employees at the employer's rate of NICs based on the taxable amount.

NIC calculations

Calculating NICs is another minefield. Check that you are using the right tables, ie year and type. If using a payroll package, ensure that the latest budget changes have been loaded.

Directors being paid under the maximum limit for NICs can easily fail to pay the correct NICs due. This is due to anti-avoidance rules on calculating directors' NICs. The normal tables set an upper limit for employees' NICs payable.

Using the 1994/5 tables, an employee should not pay more than £38.44 based on a salary of £430 per week, or £166.64 based on a salary of £1,864 per month.

Since a director decides his/her own pay for 51 weeks per year, the director could be paid £56 per week, below the £57 lower limit with no employee's or employer's NICs. For the last week, once the pay is over £430, the maximum employee's NICs payable would be £38.44.

However, there would be no upper limit on the employer's NICs payable. The Government therefore introduced special rules for directors. The NICs payable would be based on the annual salary for a tax year.

If a director is paid a constant salary throughout the year, then the normal tables will give the right result for the year. Similarly, if the director is always paid in excess of the upper limit, then the tables will give the correct result.

However, if the above two situations do not apply, then the annual earnings or pro rata period rules should be followed. If you use a payroll package, then directors are usually treated according to the special rules.

The Government has tightened up on national insurance compliance. The best advice is to ensure that you are paying the correct contributions otherwise your inspection by the Contributions Agency could unearth large underpayments.

After an inspection resulting in additional payments, it won't be long before the PAYE inspector from the Inland Revenue knocks on your door to see if there are any underpayments of income tax.

Warren Gordon is a manager at Jones Feldman Chartered Accountants, Kingston, Surrey.

According to managing director David Beauchamp, the 1990's-style re-vamped and restructured Whitehall Laboratories' locomotive is in first gear and accelerating, and pharmacy is now its main-line destination. John Skelton finds out more

Taking the 'P' train to OTC growth



Whitehall's David Beauchamp

For Whitehall Laboratories the early 1990s have been traumatic, but exhilarating.

First, there was a re-alignment of reporting routes to the US parent, American Home Products, when they themselves reporting to the International division; a management buy-out of the main UK manufacturing plant; the moving of the HQ from London to Taplow; the opening next week of a purpose-built OTC medicine development plant, and a complete restructuring of the company's *modus operandi*.

But now Whitehall are ready to grow, and the emphasis is on Pharmacy medicines.

For years, it may have seemed to pharmacists that Whitehall Laboratories had a grocery bias. If that was once true, now the die is cast to change the current 53:47 per cent UK sales split in favour of grocers to 45:55 in favour of pharmacists by the year 2000. How and why?

Back in 1990, a year before David Beauchamp took over from Gavin Bell as managing director, the household products division of Whitehall, which included Immac, was sold to Reckitt & Colman.

Then, in 1991, Whitehall Laboratories found themselves reporting to Wyeth-Ayerst International through Whitehall Europe, as the international divisions of Whitehall and Wyeth merged.

The implications of this restructuring were far-reaching and coincided with Gavin Bell's promotion to head up Whitehall's European operation, and with David Beauchamp taking over in the UK in March '91.

Two months into his new post, Mr Beauchamp was faced with closing down Whitehall's manufacturing plant at Wrafton, as the company concentrated its production effort into three European sites with specialist skills able to serve both Wyeth's and Whitehall's needs.

In the end, a management buy-out meant the loss of around 40 jobs rather than 400, with Wrafton under contract to manufacture for Whitehall for a period. Now only Chapstick and the Anne French range are made for them at Wrafton.

Also, it was decided to move Whitehall's head office operation from central London to link with Wyeth at Taplow. The scene was now set to concentrate on healthcare by recruiting a new management team, and by directing OTC medicine development towards

Continued on p1010



Continued from p1009

more potent Pharmacy only compounds to match the mood of Government and the industry.

Switching tracks

Next week, Whitehall will officially open their new £12 million over-the-counter medicine development laboratory at Havant, along with an £8m manufacturing and packaging facility. This investment is indicative of Whitehall's commitment to new product development for the OTC sector.

Says David Beauchamp: "The Government has created an environment for OTC medicine manufacturers that is as exciting as anywhere in the world. We can grow by developing licence switched products through indications or ingredients."

So far, Whitehall have launched two new P products this year, the sleep aid Medinex and the sustained release aspirin Anadin All Night. The plan is to add three more Ps by the year-end, at least one of which will be in what is a new medicine sector for Whitehall.

Mr Beauchamp says launches will be 70:30 in favour of P products. "However, the company will not ignore GSL opportunities."

If the change of emphasis from GSL to P molecule launches was thrust upon Whitehall by Government-created market forces, the company cannot be accused of ignoring the opportunity.

The Proprietary Association of Great Britain says OTC medicine volume was up 4 per cent last year in real terms. Market predictions are for up to 9 per cent growth by 1997, assuming 3-4 per cent real volume growth.

Whitehall aim for a "double digit" rise over the same period, if the company is to improve on its number eight position in the OTC manufacturer's league table (see box left).

The move to Taplow, the Wrafton management buy-out and retirements have meant that David Beauchamp has been able to recruit a new team of directors and top managers, many with healthcare marketing and sales experience (see Team Whitehall box).

Whitehall have also taken the opportunity to train both their personnel and pharmacy staff to sell in and out the new raft of P medicines in the portfolio, as well as giving fresh impetus to GSL brands.

A four-part training manual for reps has been developed, along with a PC-based

Rank	Company
1	Reckitt & Colman
2	Warner-Lambert
3	SB Consumer
4	Sterling Health
5	Crookes Healthcare
6	Wellcome Medical
7	Zyma Healthcare
8	Whitehall Laboratories
9	Roche Consumer
10	Seven Seas

£ sales rank of chemists and grocers, 12 months to January 1994



The Whitehall managing director with some of his company's wide range of OTC products

TRILUDAN/TRILUDAN FORTE ABRIDGED PRODUCT INFORMATION Presentations: *Triludan Tablets:* Each toblet contoins 60mg terfenodine. *Triludon Forte Tablets:* Each toblet contoins 120mg terfenodine. **Uses:** Antihistomine indicoted for symptom elief of hoy fever, ollergic rhinitis ond ollergic skin conditions. **Dosage and Administration:** *Adults ond Children over 12 years:* 60mg twice doily or 120mg once doily in the morning. *Children 6-12 years:* 30mg twice doily. Do not exceed the stoted d **Contra-indications, Warnings etc.:** *Contra-indications:* Concomitont use with orol ketoconozole, itroconozole or erythromycin. Use in potients with significont hepotic dysfunction. Known hypersensitivity to the drug. *Warnings:* QT prolongotion ond/or ventric rrhythmios, including torsodes de pointes hove been reported ot doses higher thon those recommended ond ot normol doses in potients whose terfenodine metobolism is impoired by drugs or by liver diseose (see 'Contro-indicotions'). If syncope occurs, terfeno hould be discontinued ond the potient evoluoted for potentiol orrhythmios. *Precautions:* Terfenodine is not recommended in potients in whom electrolyte imbolonce or prolonged QT intervol ore known or suspected. Concomitont use of terfenodine is not recommende ıatients receiving potentiolly orrhythmogenic drugs ond those producing electrolyte imbolonce. Although evidence is lacking, the risk of orrhythmio might be increosed (see 'Wornings'). *Side-effects:* Heodoche, dizziness, obdominol poin ond gostrointestinol u nd skin roshes hove been reported. In objective tests terfenodine hos been shown to be free from centrol nervous system side-effects. Reports of drowsiness ore extremely rore but it is odvisoble to check the individuol response before driving or perform omplicoted tosks. *Drug Interactions:* Use with orol ketoconozole or itroconozole is contro-indicoted. Use with erythromycin is contro-indicoted. Concurrent use with other imidozole orol ontifungols or other mocrolide ontibiotics is not recommended. Concurr se of drugs with orrhythmogenic potentiol or those cousing electrolyte imbolonce not recommended (see full doto sheet). **Pharmaceutical Precautions:** None. **Legal Category:** P. **Package Quantities and Retail Price:** *Triludan Tablets* Packs of 10 tob £2.89. *Triludan Forte Tablets* Packs of 7 tohlets £3.89. **Product Licence Numbers:** *Triludan Tablets* 4425/0024. *Triludan Forte Tablets* 4425/0091. **Date of preparation:** Morch 1994. Further informotion including Product Doto Sheet is ovoilable fr Morion Merrell Dow Limited, Lokeside House, Stockley Pork, Uxbridge, Middlesex UB11 1BE. Morion, Merrell, Dow ond Triludon ore trodemorks.

computer version on each sector — analgesics, sleep aids, antacids and cough/colds.

Additionally, a slide-based education package is available to healthcare managers for pharmacy assistant instruction in the shop or at after-work seminars.

Whitehall are also providing the muscle for a joint PAGB/ National Pharmaceutical Association medicine product group planogram service for community pharmacists.

David Beauchamp says the company is in "listening and talking mode" — listening and talking with both consumers and pharmacists to develop products, advertising programmes, and education and training requirements. The aim is to match products and company services to patient and pharmacy customer needs.

Team Whitehall

Marketing — Ray Edwards
Sales — Paul Hawkins
Business Dev — Gerald Eva
Medical — Harriet Scorer
Commercial — Rob Honeybourne
Finance — Graham Clarke

The new approach stemmed from research done by sales director Paul Hawkins two years ago. Then 100 pharmacists were asked directly how the company could better serve them, and with what (see Table 1 for key findings.)

Whitehall are moving towards pharmacy, but recognise there is some way to go. Mr Beauchamp says the opportunity for industry, his company and pharmacy is there, but there is a real need to work together in order that the opportunity is not missed.

"Companies are the catalysts of change, of POM to P switches and the like, but the need is for them to work with the Royal Pharmaceutical Society, with the NPA and with the PAGB, and with independent and multiple pharmacies to manage change creatively," he says.

Mr Beauchamp reminds pharmacy that grocers have been successful largely because they have been prepared to experiment with retailing techniques. "Manufacturers and pharmacists must get together to make markets work," he continues.

"We would like pharmacists to become better professional retailers. We've got skills to bring to the party and so have they."

He says pharmacists must also take full advantage of the P *and* GSL lines at their disposal. "All medicines are pieces of science that can affect the health of customers and can affect the pharmacists' health as businessmen. They are the experts and should be majoring on medicines in the pharmacy, alloting proper shelf and display space to them rather than to other lines."

Table 1: Whitehall survey of pharmacists' needs

Per cent	Most needs improving	Also needs improving	Total
Training programmes	31	34	65
Sales support	25	31	56
Advertising support	16	36	52
Help with stock control	15	25	40
Technology (eg EPoS)	9	8	17
Planograms	3	15	18
More marketing data	2	24	26

Base = 102

Personal 'kicks'

If the last four years have been hectic at Whitehall, the pace is not set to slacken. The company has been revamped to face the enlivened OTC medicine market of the 1990s with its licence switch mentality.

For Whitehall, David Beauchamp says the speed of change will accelerate if company targets are to be reached. He is particularly pleased to be part of a company which cares for its people as well as for the products it develops and the markets they serve.

He reckons 25 per cent of his time is spent on the development and sustenance of each of the following: Whitehall people; existing products; new products; and the markets they service.

"I hope and believe pharmacists will look back on Whitehall in the year 2000 and say the company has had a pretty impressive '90s. That depends on us getting the right products to the market in the right way. We will have to move up a gear each year till then," he concludes.

Beauchamp *CV*

1972 Joined Reckitt & Colman as junior product manager after graduating from Hatfield Polytechnic with business degree. Worked on the development of Disprin, Lemsip and Dettol — "a fantastic training"
1981 Made marketing manager for Reckitt's OTC business
1984 Joined the then International Chemical Company (now Whitehall Laboratories), as director of marketing
1985 Made marketing director
1989 Promoted to sales and marketing director
1991 Made general manager



Warner Wellcome hit the road in first place

Warner Wellcome, a joint venture bringing the over-the-counter operations of the two parent companies together, became a reality last week.

The new company moves straight into the number one slot as the UK's largest OTC manufacturer. Previously Warner-Lambert and Wellcome ranked in third and sixth places in the country respectively.

The Warner Wellcome portfolio, which claims to contain ten brand leaders, includes products such as Benylin, Actifed, Calpol, Anusol, Sudafed, Remegel, Drapolene, Listerine and the recent "POM to P" switches Zovirax and Beconase.

With a marketing strategy tightly focused on the pharmacy sector, representatives will be calling on a universe of 9,054 outlets in the next month to introduce the new company.

The sales organisation, made up more or less equally from the two previous sales forces, forms one of the largest OTC sales teams in the UK. It is broken down into 32 sales territories, split into five regions, and supported by ten key account executives.

Pharmacists can expect a six-weekly call cycle. This will provide regular access to "advice and information on existing and new brands, together with a strong pharmacy education programme, major brand advertising and promotional support programmes", promises Warner Wellcome.

"We have set out to provide customer service second to none," says sales director John Taylor. Aware of the current debate over margins, he points out that 28-30 per cent profit on return is the current practice.

"But that is not the critical element. There are so many discounts and offers that few people buy in at that level. Margin is an element, but rate of sale and stock turn are critical factors. I believe our PORs will be equitable and competitive.

"We are about building brands and categories. We have a partnership to develop. Margins in isolation have had too much publicity," says Mr Taylor.

Warner Wellcome Consumer Healthcare will have retail OTC sales of £160 million in the UK and Ireland in 1994. The target is to expand the OTC business by 50 per cent by 1997. "That means a double digit increase in sales every year. Pharmacies are the outlets that will benefit," says Andrew Hunt, regional vice president, UK and Ireland.

The company aims to be third in the European OTC league by 1997 (it is currently in fifth place and operational in all Continental countries apart from Germany).

Warner Wellcome is primarily a sales and marketing operation, says Mr Hunt. Finance and administrative support is provided by Parke-Davies in Eastleigh. The new company also has a research and development team (with the emphasis on development) based at the Wellcome site at Dartford.

"We intend to further enhance our position in the UK market. The key thing we have to achieve is excellence of execution. The intention is to use brands, and build them beyond what they are today," says Mr Hunt.

He makes particular reference to switch products — Zovirax, Beconase and, coming some time next year, Zantac. "Our first priority is to get these three products established."

Zovirax has generated £12m of sales since launch and takes 80 per cent of sales in its category. Although it comes off patent next year, it is still seen as having considerable potential. The brand is available OTC in Denmark and Germany, and active measures are being taken to achieve the switch in other major markets.

"Truly pan-European brands have not been large in number. As major switch products come through this is going to change," says Mr Hunt. "We are looking at a pan-European perspective."

Other "highly significant" products are expected to flow from both Warner-Lambert and Wellcome's present portfolios and from Warner-Lambert's tie-up with Glaxo, although no brand names are being mentioned at this stage.

The two companies announced their intention to merge OTC operations worldwide last July and the deal was concluded shortly before Christmas. Joint operations in North America commenced in January.

While Warner-Lambert will receive around 70 per cent of profits generated in the USA, profits will be shared approximately equally in the rest of the world. Profits on future "POM to P" switches will be split in favour of the innovator.

Last July, Warner-Lambert also announced a joint venture with Glaxo to develop and market OTC versions of Glaxo prescription drugs in the USA and other major markets.

Development costs and profits will be split equally, with Glaxo receiving a royalty on all OTC sales. Warner Wellcome will handle all of the marketing and distribution.

- In addition to the brands previously mentioned, Warner Wellcome will handle the following:

Abidec, Euthymol, Gelusil, Actron, Hawaiian Tropic, Alka-Seltzer, Alophen, Lyclear, Bayer Aspirin, Metatone, Sinutab, Listermint, Oraldene, Caladryl, Calgel, Veganin and Efferdent.



The Warner Wellcome portfolio of 27 brands includes ten brand leaders, the new company claims



The management team (left to right): sales director John Taylor; Andrew Hunt, regional vice president; Jeremy Kelly, market development director; and marketing director David O'Sullivan

Who's who

Warner Wellcome Consumer Healthcare are headed up in the UK and Ireland by regional vice president Andrew Hunt. He spent 15 years with Boots in sales and marketing before joining Warner-Lambert in 1989. He has spent the last four years working in the USA.

David O'Sullivan is the new company's marketing director and will be responsible for existing core brands. After a career spanning 21 years with Warner-Lambert Health Care, he was appointed director of marketing in 1992.

John Taylor joined the marketing department at Warner-Lambert in 1970, ultimately becoming head of marketing. Taking on the role of general sales manager, he then became director of sales. He is now sales director of Warner Wellcome, responsible for field sales, national accounts and trade marketing.

Jeremy Kelly is appointed marketing development director with responsibility for Rx to OTC switch products. After stints with L'Oreal and Reckitt & Colman he joined Wellcome in 1988, where he became national sales manager of the consumer division and subsequently the GP division.

Boots' healthy growth continues to impress

Boots the Chemists have produced what they describe as "another set of impressive results" this year.

Sales at £2,808 million rose by 5.4 per cent for the year to March 31, with counter and dispensing sales up by 4.5 per cent and 10 per cent respectively. A 6.7 per cent increase in the number of prescriptions dispensed resulted from "the continuing expansion of Boots' professional service".

Profit at £322.9m rose by £37.9m (13.3 per cent).

Selling space increased by 1.3 per cent. Major new branches opened in Norwich and Edinburgh, and 48 small stores came under the Boots' wing. There are plans to open a further 200 stores over the next three years.

When asked about Boots' policy on opening non-contract pharmacies next to pharmacies with NHS contracts, managing director Gordon Hourston replied: "Our policy continues that we deplore the present arrangements on the NHS contract."

Boots would continue to open pharmacies where they were likely to be viable, he said, adding: "We will attempt to obtain contracts as we think fit."

Boots have 50 non-NHS contract pharmacies and there are no specific plans for such stores to be among the proposed 200 new outlets. "We don't want any non-contract pharmacies," Mr Hourston told *C&D*.

When asked if there was any particular factor which had helped to boost prescription volume, Mr Hourston said they had "worked very hard on the service angle" and their market share had risen by 0.5 percentage points to 12.3 per cent over the past year.

Boots now service 5,000 residential homes, covering 100,000 patients.

Deputy chairman and chief executive Sir James Blyth said that early results from the pilot small store venture involving eight shops situated within Sainsbury's supermarkets had produced much encouraging information. Boots were still evaluating the possible "cannabilisation" of their existing stores and were discussing further developments with Sainsbury.

Boots' own-brands now account for 43 per cent of sales from their pharmacies.

Profits before tax of the group as a whole rose 18.8 per cent to £484.4m on a turnover up 5.2 per cent to £4,167.1m. Total dividend increased 12 per cent to 15p.

Boots Pharmaceuticals continue to be "sizeable, sound and cash generative", according to Sir James Blyth. Sales increased 6 per cent to £510.5m and operating profit, before exceptional items such as the Manoplax write-off (£35m), was in line with last year at £94.2m.

As for new drugs, the company sees much potential in sibutramine, a weight-reducing agent which is coming to the end of Phase III clinical trials. Boots hope to lodge licensing applications in the key markets by March 1995.

Total sales at Boots Healthcare International increased by 5.8 per cent, although external sales grew by 8 per cent. Profit at £6.6m was more than two and a half times higher than last year.

The company intends to invest heavily in this sector, focusing on four key areas: analgesics, cough/cold remedies, eye care and skin care. Europe is expected to hold "exciting opportunities" for OTC healthcare business.

- Boots hope to install Natwest cash dispensers in up to ten stores, a first for both Boots and the bank. The first one should appear in September, subject to planning permission.



Boots' deputy chairman and chief executive Sir James Blyth

Sara Lee job cuts

Sara Lee, the US personal products and food group, are shedding some 8,300 jobs worldwide. How many of these will be in the UK was unclear at the time *C&D* went to Press.

Wellcome move

Wellcome's group finance director, John Precious, is leaving to "pursue other interests". He will remain until a replacement is found.

Glass bottles

Standards for glass medicine bottles have been upgraded. BS 1679: Part 6: 1994 is priced £16.50, or £8.25 for BSI members. For details tel: 0908 220022.

Colour memories

Colab have added a colour touch-up service to their black and white photograph restoration business. The new service allows blemishes to be wiped out from portrait shots. Restoration costs from £18.95.

Under surveillance

A closed circuit TV package is available from Sensormatic Camera. Comprising a 24-hour time lapse video recorder, a colour monitor and camera, the package is £17 a week, or £9.38 excluding VCR.

Tudor Trading

Tudor Trading's new address is PO Box 146, Mill Hill, London NW7 3DL. The telephone number stays the same (081-959 8738).

Glaxo lung centre

Glaxo have donated £1 million to extend the North West Lung Centre at Manchester's Wythenshawe hospital. The unit is known as the Glaxo Lung Investigation, Treatment and Research Unit.

Zeneca US deals

Zeneca Pharmaceuticals have signed up with VHA Inc to market and distribute Diprivan and Cefotan in the US for five years.

Tesco start pharmacy awareness campaign

Tesco are giving their in-store pharmacies and their health and beauty products a push with the appointment of two public relations agencies.

Although the supermarket multiple has built up its pharmacy chain over the last couple of years, it hasn't publicised it greatly until now.

The Public Relations Business will promote Tesco's in-store pharmacies as well as health products available in the main store.

Their experience in handling Boots' healthcare account stood them in good stead to win the Tesco contract, says pharmacy superintendent Michael Rudin, who was involved in choosing the PR companies. "We wanted somebody who understood the limitations on pharmacy advertising," he adds.

Meanwhile Tesco's own-label health and beauty products will be promoted by Beechey Morgan Associates.

- Tesco opened their 100th in-store pharmacy last month.

The Ryde outlet on the Isle of Wight is in an existing supermarket and does not have a NHS contract. Tesco's application for one had been turned down, a decision that they are appealing against.

Retailers and suppliers perceptions poles apart

There is a considerable gulf between retailers and their suppliers, especially in perceptions of how much cooperation actually exists, according to a recent survey sponsored by Marketware.

Nowhere is this more true than in the area of sharing EPoS/sales data and product design.

While 80 per cent of retailers claim to share EPoS/sales data, only 56 per cent of their suppliers seem to receive it.

Similar levels of discrepancy were noted in the area of pack design. Despite 71 per cent of manufacturers saying they worked with retailers on this matter, only 33 per cent of retailers agreed.

It was notable that 54 per cent of suppliers said they help retailers manage display, while only 33 per cent of retailers admit to help from suppliers.

Marketing cooperation, however, did exist, with 65 per cent of retailers and suppliers jointly developing marketing programmes and 90 per cent involved in sharing advertising and promotion. Despite these collaborations, the results were only seldomly jointly evaluated.

For more detailed information, contact Marketware on: 0384 75557.

Fuji agree zero pc minilab finance deal

Fuji Photo Film (UK) are offering a low interest finance deal for their minilabs, with zero interest for retailers who pay the loan back within a year.

As long as they take out a loan of over £15,000, retailers pay anything from zero to four per cent interest, depending on the payback time. Loans taken out over two years are subject to higher interest rates which are negotiable.

If retailers pass credit checks made by the European bank UFB Humberclyde, they can use the the money raised to either rent a minilab or buy one on hire purchase.

As well as attracting new customers, existing ones can take advantage of the deal to upgrade existing Fuji minilabs, says photofinishing division marketing manager David Honey.

Out of a potential target audience of 100 pharmacies, he hopes to gain 50 new accounts within a year.

Before Fuji managed to set up the deal with UFB Humberclyde, retailers would have had to pay interest of base rate plus 5-10 per cent with their own banks or finance houses.

● Noritsu UK have set up a new minilab customer support division at their Milton Keynes headquarters which will work alongside the already existing "helpline".

It will be headed up by Tom Walker whose team will provide start-up advice and training in the wake of new health and safety regulations.

Rather than speaking to the company's engineering department for set-up support, operational support and quality control advice, customers will contact the new division.

Mr Walker's role in sales will go to Mark Berryman, who will also have additional responsibility for marketing. Cliff Carpenter has been appointed to the position of service manager.

Dutch factor hits Intercare half-year profits

Despite rising sales at Intercare, the mobility, optical and medical products company, pre-tax profits fell sharply in the half year to April 30 because of difficulties in the Dutch market.

Profits were down 20 per cent to £1.3 million after changes in the Dutch social benefit system reduced the size of the mobility products market. Group turnover, however, rose 16 per cent to £20.5m thanks mainly to a healthy boost from the optical products division.

This division saw profits rise 22 per cent to £607,000 after increased UK and export market penetration.

Medical products generated the bulk of sales (£9.4m), but profits dipped because of start-up costs involved with their occupational health company.



Mr Paul Cox, managing director of Robinson Plastic Packaging, receiving the Investors in People accreditation from Mrs Pat Richards, chief executive of the North Nottinghamshire Training & Enterprise Council. Investors in People is a Government-backed national standard, reflecting a company's commitment to training and development of employees. The Kirby-in-Ashfield company — part of the Packaging & Healthcare Group Robinson — was one of the first plastic injection moulding companies to gain ISO 9002 registration six years ago

Coming events

NPA in Wales

The NPA regional meeting for Wales will discuss "Care in the community — opportunity or threat?" at the Forte Crest Hotel, Cardiff, on June 19, 2.30pm.

The speaker is Mary Allen, professional and information services manager for the NPA. Further details can be obtained from Peter Jenkins on 0443 740620.

Weleda open gardens

Weleda, manufacturer of homeopathic and anthroposophic medicines, will be opening their gardens to the general public on July 17.

The 10-acre gardens in Derbyshire will also house an exhibition on how Weleda grow their plants organically and on the benefits of using natural alternatives.

There will be a Weleda shop in the grounds, together with stalls selling books, plants and an organic produce stall.

Entrance to the gardens is free. Further details are available from Weleda on 0602 309319.

Advance Information

The National Meeting of FHSA Pharmaceutical Advisers will be held at the RPSGB headquarters London on **June 14.** "The Changing Role of Community Pharmacy". Speakers: Mr R. Stokoe, Mr D. Coleman and Dr P. Wilkie.

Edinburgh & Lothian Branch, RPSGB is holding a Garden Party at Mrs Christine Glover's garden on **June 19,** 2-4pm. Tickets available in aid of the Pharmacy Benevolent Fund, from Sheila Watt, tel: 031-664 2119.

The Society of Pharmaceutical Medicine is holding a meeting at the Scientific Societies Lecture Theatre, off Savile Row, London W1, on **June 22.** "Changes in NHS Infrastructure in Primary and Secondary Healthcare — Their Effect Upon Conduct Clinical Trials". Details from Mrs B. Cavilla, tel: 071-581 8333.

The Department of Pharmaceutical Sciences, RPSGB is holding a two and a half-day residential course on the "Validation of Solid Dose Pharmaceutical Products" on **June 20-22** at The Hilton National Hotel, Cobham, Surrey. Further details available from the Society, Dr J.A. Clements, tel: 071-735 9141 ext 289.

NAHAT Annual Conference and Exhibition will be held on **June 22-24,** at The Brighton Metropole Hotel. Subject: "Managing Health 1994 — Facing the Key Issues". Further information from NAHAT, Barbara Connah or Helen Jackson, tel: 021-414 1381.

The National Pharmaceutical Association is holding a one-day conference at the Law Society, London, on **June 28.** "The Relationship Between Drugs, Crime and Possible Solutions".

A Drugs and Therapeutics Bulletin Seminar will be held at The Consumers' Association, 2 Marylebone Road, London NW1 4DF on **June 29,** 1.30pm onwards. "How Ethics Committees Handle Drug Trials". This seminar should be of interest to members of Local Research and Ethics Committees, NHS managers, and the pharmaceutical industry.

Medeva pay for US dose inhaler steroids

Medeva have purchased the rights to two metered dose inhaler steroid products from US company Merck & Co. It is the first time Medeva have entered the metered dose inhaler market.

The deal, worth $8 million paid over three years, gives Medeva's North American subsidiary company, Adams Laboratories, the marketing rights to dexamethasone Turbinaire and dexamethasone Respihaler.

The products, used for hay fever and bronchial asthma, will be re-marketed under the brand names Dexacort Turbinaire and Dexacort Respihaler, which are nasal and bronchial steroids respectively. Turbinaire is the only approved non-surgical treatment for types of nasal polyps, and will be marketed by Adams from July. The Respihaler will be sold by Adams' US sales force from next year.

Sales of both products reached $2m last year.

President of Adams Laboratories Bruce Simpson said: "We're aiming to develop a strong presence in the respiratory field with niche products.

"The addition of inhaled steroids is a major step towards providing specialist physicians with a complete range of therapies needed to treat chronic respiratory disease."

This adds to Adams' portfolio after an exclusive marketing agreement with Burroughs Wellcome for the antihistamine Semprex-D.

The US market for inhaled steroids for ailments such as hay fever and asthma is estimated to be worth around $650m.

The 'feel good' factor increases

As yet there is scant evidence that the "feel good" factor is on the increase amongst consumers, although statistical and anecdotal evidence suggests that the recovery is gaining strength across most parts of the economy.

However, the second survey made by Gallup since the recent tax increases started to bite found people less gloomy about their own finances and the nation's economic prospects than a month before. The rapid decline in confidence of earlier polls has been reversed and the pollsters believe that it reached its low point in April.

In their latest assessment of the outlook for the UK, Oxford Economic Forecasting predict growth of 2.8 per cent this year, and a further 2.7 per cent in 1995. With the recovery now two years old and interest rates low, the Oxford economists argue that spending is on a strong upward trend, with incomes forecast to rise. In addition, they say, consumers will probably maintain their spending in the face of increased taxation by saving less.

And although the Confederation of British Industry judges that consumer expenditure may yet slow slightly, it feels that spending over the year as a whole will increase by 2.5 per cent — a healthy improvement on its February forecast.

The recovery is also expected to become more widespread, with industrial investment and exports taking a bigger role after months of consumer-led growth.

Forecast optimism

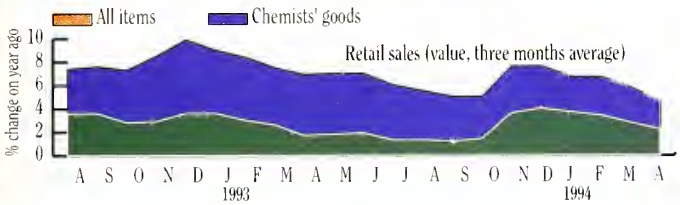
The optimism of these forecasts is reflected in the CBI's assumption that interest rates will remain unchanged through the remainder of the year, but will rise to 6 per cent by the end of 1995.

Taking a less sanguine view, a leading economic research body (the NIESR) warns that rates will have to be raised by a full percentage point in the coming months if inflation is to be kept within Government targets.

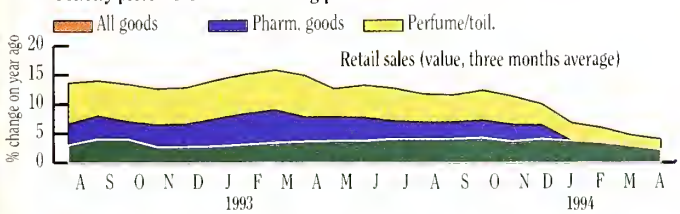
	Period	Latest	Previous	% change on year
Prices and costs				
Retail prices (Jan 1987=100):				
All items	Apr	144.2	142.5	2.6
Chemists' goods	Apr	156.6	155.8	2.4
Producer prices (1990=100):				
Manufacturing, excl food	Apr	112.3	112.0	2.3
Chemical industry	Apr	112.1	111.8	1.1
Pharmaceuticals	Apr	107.4	107.3	-2.4
Toilet soap	Apr	132.9	132.9	3.4
Perfumes, cosmetics, toilet preps	Apr	121.9	121.8	1.8
Hairsprays and laquers	Apr	101.9	101.9	1.3
Toothpastes and powders	Apr	120.0	119.6	2.9
Bandages	Apr	115.1	114.4	-2.0
Photographic materials	Apr	109.3	113.6	-4.5
Average earnings (Jan 1990=100):				
Whole economy	Mar	123.9	123.5	4.4
Distribution and repairs	Mar	120.2	116.5	4.3
Output (1990=100)				
All chemicals	Qtr 1	109.4	108.1	1.7
Pharmaceutical products	Qtr 1	129.4	124.3	8.5
Perfumes, cosmetics, toiletries	Qtr 1	88.4	82.0	-1.7
Sales				
Consumer spending (£bn current prices)	Qtr 4	104.0	102.2	6.4
Retail sales value (1990=100)				
All retail businesses	Apr	114	114	3
Chemists	Feb	108	110	2
Business indicators				
Consumer credit (£m)				
Net lending	Mar	516	336	137.8
New credit	Mar	5218	5014	12.2
Unemployment (UK, per cent)	Apr	9.5	9.7	-8.7

Sources: Central Statistical Office, Department of Employment

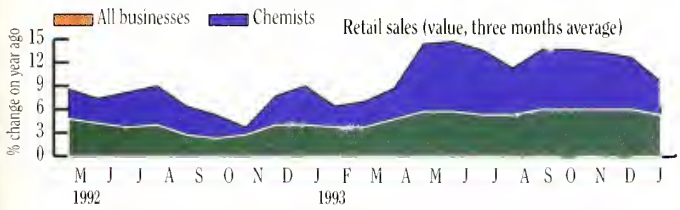
Retail price rises of chemists' goods on new downward trend



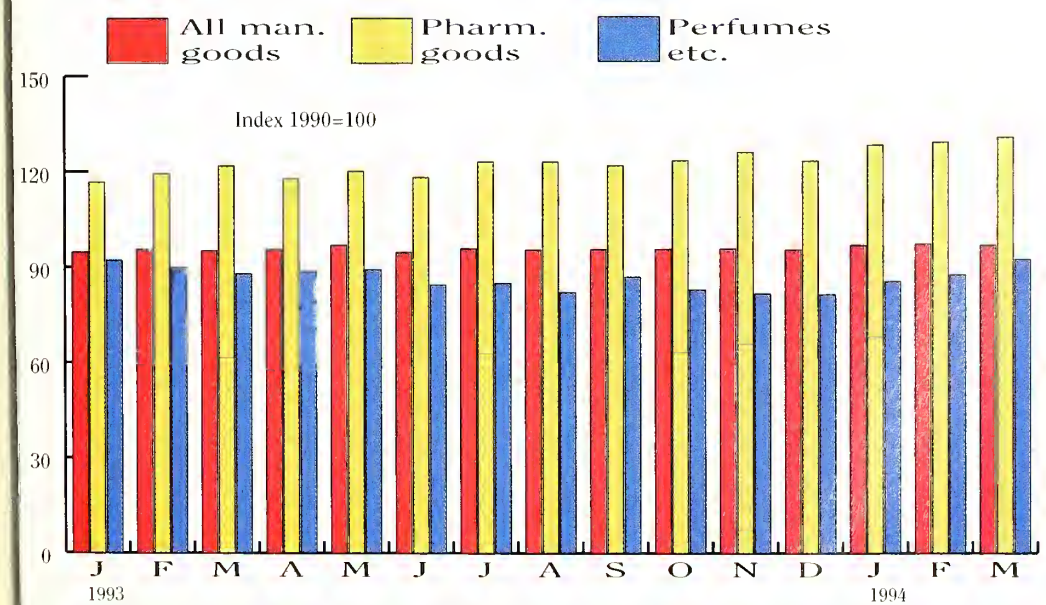
Toiletry price rises on decelerating path



Growth rate in retail chemists' sales slow down



Output of toiletries reaches new high



Orders dip

Chemists' orders on suppliers have also taken a dip, reflecting the fact that stock levels continue to be excessive in relation to expected demand for a balance of more than half of firms.

Official figures on retail prices of chemists' goods indicate a rise of 2.4 per cent in the 12 months to April — down from a recent high of 3.3 per cent in February. In the context of a year-on-year fall of 2.4 per cent in the cost of pharmaceuticals supplied by British manufacturers, and an increase of 1.8 per cent on perfumes and toiletries, this suggests a significant easing on retail margins.

Meanwhile official production figures from British manufacturers reveal an increase of 4.1 per cent in the first quarter of 1994, to a level 8.5 per cent higher than at the same time last year.

Manufacturers' sales of perfumes and toiletries increased by 7.8 per cent in the first quarter, and were 1.7 per cent lower than in the first quarter of 1993.

In its April survey of retailers, the CBI found that sales grew more strongly than had been expected. But chemists reported a sharp reduction in volumes on an annual basis for the second consecutive month. In terms of "balance" — the percentage of respondents reporting "more", minus the percentage saying "less" — the figure has fallen from -31 per cent in March, to -53 per cent.

Looking ahead to May, the poll found that a balance of -11 per cent of chemists expect a fall in sales volumes compared with opinions for the same time a year ago.

Classified

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Fax No: **0732 368210**

From: .....
Company: .....
Phone No: .....

Message:

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Free entries in "Business Link" (maximum 30 words) are restricted to community pharmacist subscribers to *Chemist & Druggist*. No trade advertisements will be permitted. Acceptance is at the discretion of the Publishers and depends upon space being available.
Send proposed wording to "Business Link" using the form printed alongside.

Appointments, situations wanted, and businesses for sale will be incorporated as lineage advertisements under the appropriate Classified headings.

To: Business Link, CHEMIST & DRUGGIST, Benn House, Sovereign Way, Tonbridge, Kent TN9 1RW.

PLEASE COMPLETE IN BLOCK CAPITALS

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About people

CPP Spring exam successes

The College of Pharmacy Practice has released the results of the examinations held in April with 56 successful candidates in Assessment A out of the 65 exam takers. They are:

Anath Amrita, Basildon, Essex
Archer Alison, Bristol
Atkinson Raymond, Stockport
Barker Caroline, Leeds
Bell Gillian, Wooton-under-Edge
Bell Graham, Kettering
Bowler Jennifer, Bristol
Bruce Fiona, Glasgow
Cope Louise, Southport
Cranke Alan, Stockton, Cleveland
Critchlow Helen, Manchester
Curle Alison, Manchester
Dutson Carol, Worcester
Eadon Hilary, Rickmansworth
Evans Andrew, Cardiff
Foulsham Russell, Harrow
Gow Gillian, Liverpool
Griffiths Margaret, Cardiff
Groves Ross, Southport
Hardman Elizabeth, London
Harries Esther, Cardiff
Hochmuth Karen, Sunderland
Hodges Helena, Bath
John David, Cardiff
Jones Deborah, Cardiff
Kennedy Jill, St Helens
Kidman Christine, Liverpool
Lau Sally, Newport
Law Colin, Caistor, Lincs
Lawrence Ruth, Norwich
Lyle Elizabeth, Beverley
MacRobbie Alison, Inverness
McGrath Oonagh, Bristol
Miller Morna, Glasgow
Mitchell Sheila, Cambridge
Mohammed Mustafa, Stranraer
Morgan Rachel, Hengoed
Morrison Lynn, Glasgow
Murray Kathleen, Guisborough
Palmer Carol, Newport
Pande Heather, Basingstoke
Paterson Fiona, E Kilbride
Peters Sandra, Bristol
Pope Mary, Cardiff
Quinn John, London
Ridgway Sarah, Marlborough
Rigby Helen, Hexham
Rowland-Jones Helen, Shrewsbury
Sandhu Jasdeeppall, Grays
Sanghvi Nilesh, Ashton-under-Lyne
Shah Shelina, Kenton
Soulsby Natalie, Liverpool
Spark John, Cardiff
Theaker Sharon, Bath
Thomson Alisdair, Prestwick
White Jane, Bracknell.

In Assessment B, 52 people took the exam, the following 32 candidates were successful:

Archer Alison, Bristol
Bell Gillian, Gloucestershire
Bell Graham, Kettering
Bowler Jennifer, Bristol
Bush Nicola, Sheffield
Conroy Sharon, Littleover
Cranke Alan, Stockton
Critchlow Helen, Manchester
Foulsham Russell, Harrow
Gill Heather, Wirral
Groves Ross, Southport
Hardman Elizabeth, London
Hochmuth Karen, Sunderland
Hodges Helena, Bath
Hopkins Brian, Flitwick
Hunjan Anita, Glasgow
Jeyes Arthur, Northampton
Kidman Christine, Liverpool
Lama Loden, Hawkinge
Law Colin, Caistor, Lincs
Marsden Hazel, York
McDonald Janet, Hull
Morgan Rachel, Hengoed
Mychajluk Roman, Leicester
Orton Julie, Wirral
Palmer Carol, Newport
Patterson Fiona, E Kilbride
Peters Sandra, Bristol
Pope Mary, Cardiff
Shaw Helen, Glasgow
Thomson Alison, Prestwick
Wagstaff Catherine, Birmingham

Assessment C was taken by 30 people, the following 26 candidates were successful:

Britton Pauline, Glasgow
Brodlie Patricia, Leeds
Charlwood Margaret, Burnham-on-Sea
Chohan Sheila, West Kirby
Critchlow Helen, Manchester
Curle Alison, Manchester
Gow Gillian, Liverpool
Hochmuth Karen, Sunderland
Lakin Stuart, Leicester
Lau Sally, Newport
Marsden Hazel, York
Martindale Joanna, Sheffield
Miller Morna, Glasgow
Morrison Linda, Isle of Man
Orton Julie, Wirral
Palmer Carol, Newport
Peters Sandra, Bristol
Robson Sarah, Ashington
Rowland-Jones Helen, Shrewsbury
Sandhu Jasdeeppall, Grays
Shah Shelina, Kenton
Soulsby Natalie, Liverpool
Townson Ruth, Accrington
Ulyatt Gerard, Sheffield
Webster Lesley, Glasgow
Weeks Angela, Bishop's Stortford



Faircross pharmacist Asmita Upadhyaya is presented with a Fortnum & Mason's picnic hamper as the first winner in the *C&D* Beconase hayfever bingo competition. Warner-Lambert representative Tony Harrison does the honours. There are 16 more hampers to be won in all in the weekly competition. In addition, there is a prize draw for a weekend for two in Paris



Moss 1993-94 prereg students pictured at an end-of-year dinner with managing director Barry Andrews. The dinner followed the final day of training. Students were presented with completion certificates and copies of "Symptoms in the Pharmacy" by Blenkinsopp and Paxton, supplied with the compliments of Janssen Pharmaceuticals

NOAH to the rescue

The National Office of Animal Health is asking for help for a veterinary station in war-torn Croatia which has had all its equipment, medicines and instruments destroyed in the fighting and is desperate for more.

The station's three vets are struggling to provide a service: "Animals and the reconstruction of the livestock here is a must for the reconstruction of village life," says a NOAH spokesman.

Companies or individuals wishing to offer assistance should contact J. Ruth Uwins, Filipa Grabovca 13, Dubrovnik 50000, Croatia, direct or Alison Glennon at NOAH, tel: 081-367 3131.

Sanatogen goes bowling

Sanatogen Cod Liver Oil is sponsoring three of the most important events in the bowling calendar.

These include the English Bowling Association National Championships, the Champion of Champions Singles Competition and the 55s and Over National Championship.

The bowls association helps strengthen the link between cod liver oil and its use in maintaining strong, supple joints, say Roche Consumer Health.

Peter Durose, group product manager at the company, says: "The sponsorship will help further increase the already successful brand."

Appointments

Chris Tobin has been appointed head of Bayer's UK pharmaceutical business group. He is the first British employee to occupy the post.

Mr Tobin, who joined the company 17 years ago, will oversee its research and development programme.

William Jones of Barclays Bank has been appointed to serve as a member of the Prescription Pricing Authority.

Robert Power is the new managing director of Wyeth Laboratories UK. He was former assistant vice president for Wyeth-Ayerst International in Europe.

Wilfried Richter is the new chairman and managing director of Wella Great Britain, following the appointment of Heiner Gurtler to the main board of Wella AG.

Gaetan Lambiase has been appointed as marketing director of Kodak UK's recently restructured consumer imaging division.

Andrew Simon has been appointed to the board of Philip Harris. He will serve as a non-executive director.

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The irritation stops here.



When inflamed and irritated skin is caused by irritant or allergic contact dermatitis, you can't recommend a more effective treatment than HC45.

This leading 1% hydrocortisone is a non-greasy cream that relieves irritation and itching – fast. Reducing redness and swelling, it soothes and calms soreness, and promotes healing.

Produced by the makers of Cream E45, HC45 is a safe and effective treatment (97% of customers are satisfied with 1% hydrocortisone, while 99% report no side effects[1]).

So when a customer complains of itchy, irritated, inflamed skin, the E45 range should be your first thought. And HC45, your first recommendation.

REFERENCE: 1. Data on file, Crookes Healthcare Ltd., August 1992. **PRODUCT INFORMATION: HC45**: Smooth white cream containing hydrocortisone acetate BP 1% w/w. **Uses**: For the relief of irritant contact dermatitis, allergic contact dermatitis and insect bite reactions. **Dosage and administration**: Apply sparingly to a small area, once or twice a day, for a maximum of 7 days. **Contra-indications, warnings etc**: HC45 should not be used on the eyes or face, the ano-genital area or on broken or infected skin, including impetigo, cold sores, acne or athlete's foot. The product should not be used in pregnancy or in children under 10 years without medical advice. **Package quantity**: Tube containing 15g. **RSP**: £2.29. **Legal category**: P. **Product licence number**: PL 0327/0039. **Cream E45**: White bland emollient cream which contains white soft paraffin BP 14.5% w/w, light liquid paraffin Ph Eur 12.6% w/w and hypoallergenic anhydrous lanolin 1.0% w/w. **Uses**: For the symptomatic relief of dry skin conditions, where the use of an emollient is indicated, such as flaking, chapped skin, ichthyosis, traumatic dermatitis, sunburn, the dry stage of eczema and certain dry cases of psoriasis. **Dosage and administration**: Apply to the affected part two or three times daily. **Contra-indications, warnings etc**: Cream E45 should not be used by patients who are sensitive to any of the ingredients. **Package quantities**: Tubes containing 50g. Tubs containing 125g and also 500g. **RSP**: Tube 50g £1.65. Tub 125g £3.35. Tub 500g £7.85. **Legal category**: GSL. **Product licence number**: PL 0327/5904. Crookes Healthcare Ltd. Nottingham NG2 3AA.

CROOKES Healthcare

SAFE AND EFFECTIVE TREATMENT FOR INFLAMED AND IRRITATED SKIN

BRAND LEADER GOES NATIONAL

(seeing is Ibuleve-ing...)

Ibuleve has always been a success story. Now it's becoming a phenomenon.

The out-and-out brand leader is already receiving massive multi-mi$$ion advertising support. Now Ibuleve's powerful message is being transmitted across the country with nationwide radio and TV in May and June.

And since a survey showed that 95% of new purchasers found Ibuleve so effective they intended to buy again, you are right to recommend it.

Ibuleve on national TV and radio. Because seeing is believing.



PAIN RELIEF WITHOUT PILLS

FOR THE RELIEF OF BACKACHE, RHEUMATIC & MUSCULAR PAIN & SPRAINS

IBULEVE Trademark and Product Licence held by Diomed Developments Ltd , Hitchin, UK. Distributed by DDD Ltd., 94 Rickmansworth Road, Watford, Herts, WD1 7JJ. **Active Ingredient:** Ibuprofen BP 5.0% w/w. **Directions:** Lightly apply a thin layer of the gel over the affected area. Massage gently until absorbed. Wash hands after use. Repeat as required up to three times daily. **Indications:** For the relief of backache, rheumatic and muscular pain, sprains and strains. **Precautions:** If symptoms persist for more than a few weeks, consult doctor. Not recommended for children under 14 years. Patients with a history of kidney problems, asthma or aspirin sensitivity should seek medical advice before using IBULEVE. Keep away from broken skin, lips and eyes. Not to be used during pregnancy or lactation. Keep all medicines out of the reach of children. Do not use if sensitive to any of the ingredients.
FOR EXTERNAL USE ONLY. **Legal category** P. **Packs:** Tubes of 30g (PL 0173/0060), price £3.79.